



University of London

# **Drug-related deaths in the UK**

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**Annual Report 2011**

**National Programme on  
Substance Abuse Deaths  
(*np-SAD*)  
International Centre for  
Drug Policy (ICDP)  
St George's,  
University of London, UK**

**Published by  
International Centre for Drug Policy,  
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ISBN: 978 1 897778 74 6

***national programme on Substance  
Abuse Deaths  
(np-SAD)***

**Drug-related deaths reported by Coroners in  
England, Wales, Northern Ireland, Guernsey,  
Jersey and the Isle of Man; Police forces in  
Scotland; & the Northern Ireland Statistics and  
Research Agency**

**Annual Report January-December 2010**

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## Preface

The Annual Report on drug-related deaths in the United Kingdom published by the *national programme* on Substance Abuse Deaths (*np*-SAD) is used by the UK Government, national and international agencies, academics, and commissioners and service providers as an indicator of the extent and nature of drug misuse, and makes a contribution towards the prevention of substance abuse problems.

The Programme could not achieve its goals and objectives without the invaluable voluntary collaboration and co-operation of coroners and their officers across England, Wales, Northern Ireland, Guernsey, Jersey, and the Isle of Man. Scottish drug-related deaths data is provided by the Scottish Crime and Drug Enforcement Agency. Additional data is provided by the Northern Ireland Statistics and Research Agency on drug-related poisonings from the General Mortality Register. The contributions from all are important as it enables the Programme to maintain a UK-wide reporting and surveillance system. We thank them all for their active participation and support.

The findings show a decrease in deaths in 2010 reported directly to *np*-SAD by coroners from England, Wales, Northern Ireland and the Islands when compared to the number reported in last year's report. Deaths in Scotland also decreased. Part of this fall may be attributed to a slightly lower notification rate in some areas, but it is in line with official statistics. The *np*-SAD has an on-going programme of visits to a representative sample of coroner areas to monitor the quality, accuracy and comprehensiveness of the data received on drug-related death.

As in previous years, the statistics in this report are intended to inform authorities at the local, regional and national levels, as well as health professionals and the general public, about the serious consequences of drug abuse, especially polydrug use. This year's report provides a detailed analysis of 'drug misuse' deaths for England, identifies potential risk factors, and includes an examination of trends over the last decade.

The report also provides a number of indications of changes in patterns of drug abuse, trends over time, and emerging issues from our surveillance activities so that appropriate and timely action can be taken.

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**Director**  
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## Acknowledgements

We are grateful to the coroners listed below, their deputies, officers and assistants, for providing the information in this report. We apologise if we have inadvertently omitted anyone. In some areas, the coroners do not have the resources to provide information but have kindly permitted others that collate such information to pass this on to us on their behalf; we thank those individuals who have contributed information in this way. We are also indebted to the Scottish Crime and Drug Enforcement Agency and the Northern Ireland Statistics and Research Agency for the provision of data relating to their respective countries. We are grateful for the support from those coroners who granted us access to their records for our rolling quality assurance survey of records, and to Mr André Rebello, Honorary Secretary of the Coroners' Society for his help and support. We would like to thank Dr Sarah White, Biostatistician at St George's University of London, for her input and review of the report.

J R H Adeley, Preston & West Lancashire  
 R J Allen, Wolverhampton  
 E Armstrong, North Tyneside, South  
 Northumberland  
 W J Armstrong, Greater Norfolk/County of  
 Norfolk  
 S Anderson, Northern Ireland  
 I Arrow, Torbay & South, Plymouth & South  
 West Isles of Scilly  
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 P Rogers, Neath Port Talbot, Swansea

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 Leicestershire  
 P A Knapman, London - Inner West  
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 J Leckey, Northern Ireland  
 J Leeming, Greater Manchester - West  
 P Maddox, Bridgend & Glamorgan Valleys,  
 Powys  
 C Mason, Leicester City & South  
 Leicestershire  
 J A Matthews, Isle of Wight  
 P B Matthews, City of London  
 N Meadows, Greater Manchester, Central  
 D Mitford, Newcastle upon Tyne  
 A A Montgomerie, Isle of Man  
 D S Morris, Bedfordshire & Luton  
 N Mundy, South Yorkshire - Eastern  
 S R Nelson, Greater Manchester, North  
 M D Oakley, North Yorkshire - Eastern  
 D J Osborne, Neath Port Talbot  
 W J Owen, Carmarthenshire  
 R N Palmer, South London  
 S Payne, Bournemouth, Poole & East  
 Dorset  
 A Pember, Northamptonshire  
 J S Pollard, Greater Manchester, South  
 D Pritchard-Jones, North West Wales  
 A J A Rebello, Liverpool  
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 N L Rheinberg, Cheshire, Halton &  
 Warrington  
 D Ridley, Wiltshire & Swindon  
 D Roberts, North & West Cumbria  
 M R Rose, West Somerset

G S Ryall, Peterborough  
J C Sampson, London - Inner South  
G M Saul, East Riding & Hull  
P A Schofield, West Sussex  
M J F Sheffield, Teesside  
B Sherrard, Northern Ireland  
G A Short, Hampshire Central  
M J H Singleton, Blackburn, Hyndburn &  
Ribble Valley  
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R Turnbull North Yorkshire-Western  
A Tweddle, Northern District of Darlington &  
South Durham, North Durham  
A Walker, North London  
R L I Whittaker, West Yorkshire- Western  
G U Williams, Worcestershire  
T Williams, Eastern Somerset  
D Winter, Sunderland  
K S Wiseman, Southampton & New Forest

We would like to thank Miss Vinesha Flaminio and Dr Kapil Ahmed for their assistance in data preparation.

We would like to give a special thanks to our ICDP colleague Christine Goodair for her editorial guidance and advice on this report.

Thanks are also owed to members of the np-SAD National Steering Group:

Alan MacFarlane, Chair of the National  
Steering Group  
Judith Bernstein, Ministry of Justice  
Peter Burkinshaw, National Treatment  
Agency  
Michael Burgess, H.M. Coroner for Surrey &  
The Queen's Household  
David Chater, Department for Education  
Tommy Crombie, Scottish Crime & Drugs  
Enforcement Agency  
Dr Paul Dargan, St Thomas' Hospital London  
Michael Dobson, SOCA  
Frank Dixon, General Register Office for  
Scotland  
Dr Karin Sehmer, Forensic Medical Examiner  
& H.M. Deputy Coroner for Surrey  
Karen Eveleigh, Welsh Assembly  
Government  
James Grieve, National Drug Users Network  
Lynette Hill, Ministry of Justice  
John Howard, National Drug Users Network  
Michelle Judge, National Treatment Agency  
Alan Lewis, Welsh Assembly Government  
John McCracken, Department of Health

Kieron Moore, Northern Ireland Statistics &  
Research Agency  
Naomi O'Neill, Northern Ireland Statistics &  
Research Agency  
Dr Adenekan Oyefeso, np-SAD  
Morgane Pairain, Department for Education  
Dr Rob Phipps, Head of Development Policy  
Branch, DHSSPSNI  
Dr Mary Piper, Department of Health  
Dr Mark Prunty, Department of Health  
Steve Ream, Chair of Re-Solv  
Dave Richards, Coroners Officers  
Association  
Dr Roy Robertson, Chair of National Forum  
on Drug Related Deaths in Scotland  
Graham Stevens, Co-ordinator of Brighton &  
Hove DAAT  
Jennifer Stoddart, Scottish Government  
Steve Taylor, National Treatment Agency  
Claudia Wells, Office for National Statistics  
David Whitmore, London Ambulance Service  
Trevor Williamson, Association of Chief  
Police Officers

The Programme would like to express their thanks to the Department of Health and the National Treatment Agency for their support for this very important programme.



## Executive summary

This twelfth annual report presents information on drug-related deaths that occurred during 2010 and for which Coronial inquests and similar formal investigations have been completed. The main purpose of the Annual Report from the national programme on Substance Abuse Deaths (*np-SAD*) is to inform the Government's monitoring of this important public health issue. The Programme's principal function is to provide high-quality and consistent surveillance, and to detect and identify emerging trends and issues in respect of this phenomenon. In this way, it contributes to the reduction and prevention of drug-related deaths in the UK due to the misuse of both licit and illicit drugs.

As in previous years, the data and analysis in this report is intended also to inform authorities at the local, regional, and national country levels, as well as health professionals and the general public, about the serious consequences of drug abuse. The report provides also a number of indicators of drug abuse patterns, trends, and early warnings on emerging drug problems so that appropriate and timely action can be taken.

### Key findings for the UK and Islands

There were 1,883 notifications of drug-related deaths occurring in 2010 in the UK and Islands. This represents a decrease of 299 (13.7%) over the same reporting period in 2009. Data were provided by 105 of the 114 coroners' jurisdictions in England & Wales; a response rate of about 92%.

The highest rates of drug-related deaths per 100,000 population aged 16 and over in 2010 were in the following areas: Brighton & Hove (14.8); City of Manchester (13.4); Blackpool & The Flyde (11.8); Fife (10.3); and Lothian & Borders (10.0).

The principal demographic characteristics of those dying have remained consistent with previous reports. The majority of cases were males (74%), under the age of 45 years (70%), and White (96%). Most deaths (77%) occurred at a private residential address.

The main underlying cause(s) of death were: accidental poisoning (68%); intentional self-poisoning (11%); and poisoning of undetermined intent (11%). This pattern represents a decrease in accidental overdoses compared to the previous year (72%) with consequent rises in other types of overdose deaths. Accidental poisoning still remains the most frequent underlying cause of death amongst all age-groups, and older females are more likely to die of intentional self-poisoning than males.

The overall pattern in the types of psychoactive drugs implicated in death has remained similar to previous years. Heroin/morphine continues to be the principal substance implicated in death in the UK and Islands. However, the proportion of deaths involving this substance fell from 53% to 41%. The proportion of cases involving methadone rose 4%. The proportion of cases in which hypnotics/sedatives (mainly the benzodiazepines diazepam and temazepam) and alcohol-in-combination with other substances remained stable.

The involvement of multiple substances in death demonstrated in this report for England, a trend found across the UK as a whole, underlines the risks associated the co-ingestion of substances, especially central nervous system depressants such as opiates/opioids, alcohol and benzodiazepines.

The decline in deaths reported in 2009 from stimulants continued in 2010 for cocaine, but appears to have reversed slightly for amphetamines and ecstasy-type substances. The number of deaths involving piperazines appears to have declined, whilst GBL/GHB cases continue at similar levels to 2009.

There was a substantial number of deaths involving mephedrone (and other methcathinones) reported to *np-SAD*.

## **Regional key findings**

### *England – np-SAD definition*

A total of 1,358 deaths were reported for 2010 (1524 in 2009). The demographic and drug profiles remained stable. However, there was a significant fall in the proportion of deaths involving heroin/morphine and a modest increase in the proportion involving methadone. The most common prescribed medications implicated in death were anti-depressants (58%) followed by hypnotics/sedatives (42%).

### *England – Drug Strategy definition (“drug misuse”)*

A total of 968 deaths were reported for 2010 (1152 in 2009). There was a slight fall in the proportions of males and those aged less than 45 years. There was a significant fall in the proportion of deaths involving heroin/morphine, but modest increases where methadone and other opiates/opioid analgesics were implicated.

### *Wales (np-SAD)*

Notifications of 81 deaths were reported for 2010 (102 in 2009). There were noticeable drops in the proportions of males, those unemployed and those living with others. There were decreases in the proportions of deaths involving heroin/morphine and other opiates/opioid analgesics, but increases in the proportions where methadone and hypnotics/sedatives.

### *Scotland (np-SAD)*

The number of deaths reported to police in Scotland fell in 2010 to 365 (479 in 2009). Opiates play a larger role in Scottish deaths than in other regions; this may be due in part to the different definition used by the police. Alcohol-in-combination with other substances and hypnotics/sedatives (mostly diazepam and temazepam) also feature prominently. There were falls in the proportions of deaths involving heroin/morphine and hypnotics/sedatives, but increases for those involving methadone.

### *Northern Ireland (np-SAD)*

The number of cases reported in 2010 was 72 (65 in 2009). The drug profile remained similar to recent years; heroin/morphine and methadone are less prominent than elsewhere. However, the proportion of cases involving alcohol fell. There was an increase in the proportions of cases unemployed and in cases where the intent was undetermined.

### *The Islands (np-SAD)*

Four deaths occurred on Jersey, two on the Isle of Man, and one on Guernsey during 2010. The general demographic profile of cases in the Islands is in line with the pattern in the UK as a whole. There are proportionately fewer deaths involving cocaine and methadone; but there is a greater role played by other opiate/opioid analgesics; heroin/morphine; and anti-depressants.

## **Key messages**

The main changes noted in 2010 are a general fall in the proportion of deaths involving heroin/morphine but an increase in the contribution played by methadone. Whilst opiates and opioids continue to dominate, towards the end of 2009 there was a noticeable decline in the number and proportion of cases involving stimulants. To some extent these changes appear to have been reversed slightly for amphetamines and ecstasy-type drugs.

Substances such as piperazines, ketamine and GBL which at the time of the 2009 report were ‘legal highs’ but became controlled drugs, continue to be present in post-mortem toxicology reports - although

possibly declining in the case of piperazines. Towards the end of 2009 new substances, chiefly methcathinones such as mephedrone started to appear in reports to *np-SAD*. These increased during 2010 and into 2011. The speed with which these and other new substances are replacing established recreational drugs means it is important that surveillance and monitoring of the situation continues.

## Introduction

This twelfth annual report continues the series of reports published by the national programme on Substance Abuse Deaths (*np-SAD*). It covers deaths occurring between January and December 2010 reported to the Programme, as well as presenting information on emerging trends, and seeking to identify future potential issues that need monitoring.

There is a chapter for each constituent part of the UK (England, Wales, Scotland, Northern Ireland and Guernsey, Jersey and Isle of Man) with data tables. Chapter 1 provides a substantive description of the situation regarding drug-related deaths in England during 2010 meeting the *np-SAD* case definition, including data tables for a detailed breakdown of areas within England. Chapter 2 looks at deaths in England meeting the definition used for the Drug Strategy. Chapters 3 to 6 cover the other parts of the UK and Islands, with Chapter 7 presenting findings for the UK as a whole. A commentary and emerging issues is given in Chapter 8.

The appendices provide information on the Programme (Appendix 1), drug-related death definitions (Appendix 2), the areas reporting, (Appendix 3), and the Programme's data collection form (Appendix 4).

### **Quality Assurance of Data**

The Programme has given consideration as to how it can ensure the quality, accuracy and comprehensiveness of the data collected in order to improve both the quality of information collected and to establish if all relevant cases are being identified and notified. Following a pilot phase in 2008-9, a continuous rolling programme of visits to a sample of geographically representative coroners' areas in England and Wales was undertaken in 2009-10.

Such surveys help to establish the extent to which cases are being correctly identified. This makes it possible to extrapolate from the deaths notified by participating areas to the expected number of cases if all coroners were reporting all cases, thereby providing a much more precise estimate of drug-related deaths (DRDs) for policy and intervention planning.

This activity also provides insights into the quality and accuracy of the information submitted to the Programme, and has provided a firm basis for a process of audit in the future, thereby ensuring the consistent validation of the Programme's surveillance's work. This work also facilitates the drawing up of detailed guidance for coroners and their staff in identifying and reporting relevant cases to *np-SAD*.

The methodology used for this study was to select and examine completed inquests for deaths, available in coroners' offices, occurring in 2008. A statistically representative sample of 150 DRDs reported to the Programme was drawn for the quality assurance aspect based on cases reported by coroners in England and Wales.

To ascertain the accuracy of case identification and reporting, a 10% sample of records was drawn randomly from files for all completed inquest (for whatever reason) for each selected coroner's area. A total of 375 such completed inquests on all types of death in 2008 were examined.

Geographical representativeness was based on selecting one coroner's area in each of the ten Strategic Health Authority (SHA) areas in England and two in Wales. For England there was a two-stage sampling process. In the first stage, three coroners' areas from each SHA area was selected on the basis of the highest number of inquests completed. The second stage consisted of randomly selecting one of these three areas for investigation.

The key findings from this survey show that the information received by the Programme from coroners is consistent with the coronial inquest file papers. This exercise did not identify any 'false positives' i.e. any over-reporting.

In 2008 five cases, where one or more controlled drugs or psychoactive substances were mentioned, were not reported to *np-SAD*. An extrapolation of these five cases projects an increase of 50 in the number of reported cases from coroners in England and Wales in 2008. The degree of under reporting in both the 2007 and 2008 cases is comparable (3.9% and 3.3% respectively). This underlines the consistency in reporting.

## Chapter 1: Drug-related deaths in England using the np-SAD definition

This chapter looks at drug-related deaths which occurred in England in 2010, and also examines trends over the past decade for illicit substances and prescribed medications implicated in death. Responses were received from a total of 95 out of 102 coroners' jurisdictions in England. This is a coverage rate of about 93%. The first section in this chapter examines cases that capture a range

of psychoactive drugs, and covers the history of drug use irrespective of the cause of death. Included within this section is a comparison of those with a history of drug use against those without. This section highlights any changes made between 2009 and 2010 including figures for the jurisdictions and a breakdown for the English regions.

### Profile of np-SAD cases

#### 1. Demography

There were 1,358 drug-related deaths reported to the Programme in 2010. Seventy-two percent of cases were male and 28% female (Table 1.1 and Figure 1.2). Half (49%) were unemployed. Two-thirds (67%) of deaths

occurred for those less than 45 years old. Nearly half (45%) lived alone, 39% lived with others, and 3% were of no fixed abode. Where ethnicity was known (n=985), the majority were White (93.8%); the rest were Black (2.1%), Asian (2.1%), and Other (1.9%).

**Table 1.1: Demographic variables for np-SAD drug-related deaths, England, 2010**

Variable	Category	Number (%)
Total		1,358 (100.0)
Gender	Male	979 (72.1)
	Female	379 (27.9)
Employment status	Unemployed	676 (49.8)
	Employed	356 (26.2)
	Childcare/houseperson	32 (2.4)
	Student	31 (2.3)
	Retired/sickness/invalidity	140 (10.3)
	Other	11 (0.8)
	Not known	112 (8.2)
Living arrangements	Alone	612 (45.1)
	With others	524 (38.6)
	No fixed abode	44 (3.2)
	Other	55 (4.1)
	Not known	123 (9.1)

#### 2. Age

Most deaths in England during 2010 occurred amongst those aged 35 years and over (65%), one-quarter (26%) were aged 25-34, and only 9% were 15-24 years old, and less than one percent for those less than 15 years of age (Figure 1.1). The median age at death was

39.3 years (semi-interquartile range = 11.6). Older male, White drug users are at most risk of drug-related deaths (Bird *et al.*, 2003; Ghodse *et al.*, 2009). Of the 1,358 cases that died in England in 2010, 95 were under 24 years old, and 312 were 50 and over.

Figure 1.1: np-SAD drug-related deaths by age-group, England, 2010

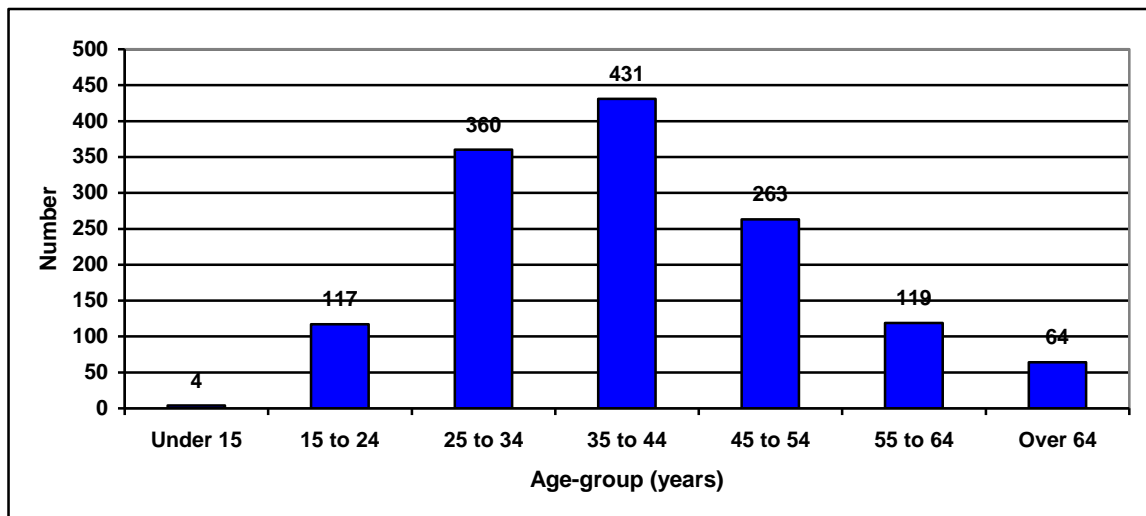
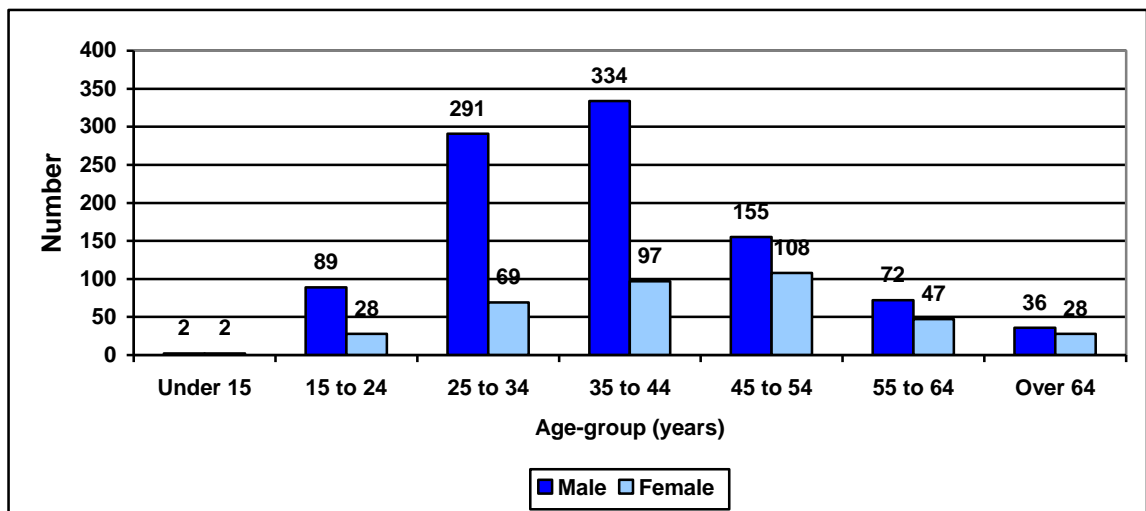


Figure 1.2: np-SAD drug-related deaths by age and gender, England, 2010



### 3. Location of death

In 2010 75% of cases died either at the deceased's home address or another private residential address, 14% died in hospital, and 10% died elsewhere (e.g. public open space, public facilities, or railway station).

### 4. Underlying cause(s) of death

The categories of underlying cause(s) of death for coding within ICD-10 (Appendix 1) were as follows:

- Accidental poisoning (X40-X47): 59.9%
- Intentional self-poisoning (X60-X67): 13.8%
- Poisonings of undetermined intent (Y10-Y15): 10.0%

- Other (e.g. natural causes, drowning, hanging, unascertained): 16.3%

Males were significantly more likely than females to die of accidental poisoning (63% vs. 53%) (*Proportion Ratio PR*: = 1.2, 95% *Confidence Interval CI*: = 1.1 - 1.3). Females, by contrast, were significantly more likely than males to die of intentional self-poisoning (24% vs. 10%) (*PR* = 2.2, 95% *CI* = 1.7 - 2.9), and poisoning of undetermined intent (14% vs. 9%) (*PR* = 1.5, 95% *CI* = 1.1 - 2.1).

Deaths of those aged less than 45 years were more likely than older cases to die of accidental poisoning (66% vs. 48%) (*PR* = 1.4, 95% *CI* = 1.2 - 1.5).

In England, those aged 45 years or over were more likely than younger cases to die of intentional self-poisoning (26% vs. 8%) ( $PR = 3.0$ , 95%  $CI = 2.3 - 4.0$ ), and poisoning of undetermined intent (13% vs. 9%) ( $PR = 1.5$ , 95%  $CI = 1.1 - 2.1$ ).

### 5. Manner of death

The results for 2010 cases are as follows:

- Natural: 1.9%
- Accidental: 66.7%
- Suicidal: 18.2%
- Homicidal: 0.3%
- Undetermined: 11.4%
- Unclassified/not specified: 1.5%

Males were more likely than females to die an accidental death (71% vs. 56%) ( $PR = 1.3$ , 95%  $CI = 1.1 - 1.4$ ). Conversely, females were more likely than males to die of suicide (26% vs. 15%) ( $PR = 1.7$ , 95%  $CI = 1.4 - 2.2$ ), or a death where the manner was undetermined (15% vs. 10%) ( $PR = 1.5$ , 95%  $CI = 1.1 - 2.0$ ).

Cases aged less than 45 years were more likely than older cases to die accidentally (73% vs. 54%) ( $PR = 1.3$ , 95%  $CI = 1.2 - 1.5$ ). Those aged 45 years or over were more likely than younger cases to die intentionally (27% vs. 13%) ( $PR = 2.1$ , 95%  $CI = 1.7 - 2.7$ ), or in a manner that was undetermined (14% vs. 10%) ( $PR = 1.3$ , 95%  $CI = 1.0 - 1.7$ ).

## Substances implicated in death

### 1. All substances

Of the 1,358 cases reported, 1,222 were directly implicated to psychoactive drugs. Ten percent ( $n = 136$ ) were not included, as no psychoactive drug was implicated in the cause of death, however there could be a history of

drug abuse. The principal substances implicated were heroin/morphine (37%), alcohol in combination with other substances (32%), other opiates/opioid analgesics (25%), methadone (25%), hypnotics/sedatives (22%); anti-depressants (22%), and cocaine (9%) shown in Table 1.2.

**Table 1.2: Psychoactive substances implicated in np-SAD deaths, England, 2010**

Drug category	Number (%) of cases where no other substance was implicated	Number (%) of cases where substance was implicated
Total	1,222 (100.0)	1,222 (100.0)
Alcohol	-	390 (31.9)
Amphetamines	17 (1.4)	39 (3.2)
Anti-depressants	58 (4.7)	263 (21.5)
Anti-epileptics	5 (0.4)	28 (2.3)
Anti-Parkinson's	1 (0.1)	7 (0.6)
Anti-psychotics	15 (0.9)	65 (5.3)
Cannabis	2 (0.2)	19 (1.6)
Cocaine	26 (2.1)	114 (9.3)
Ecstasy-type drugs	4 (0.3)	8 (0.5)
GHB/GBL	6 (0.5)	13 (1.1)
Heroin/morphine	136 (11.1)	455 (37.2)
Hypnotics/sedatives	20 (1.6)	265 (21.7)
Methadone	87 (7.1)	308 (25.2)
Other opiates/opioid analgesics	65 (5.3)	304 (24.9)

Notes: Column totals may sum to more than 100% since more than one substance may be implicated in a death. Not all cases had drugs directly implicated in death; these are excluded from this table.

For all age-groups heroin/morphine was identified as the most frequent psychoactive substance (alone or in combination) implicated

in death, except for those aged 55 and over where other opiates/opioid analgesics were more frequent (Table 1.3).

**Table 1.3: Age-group and psychoactive substance implicated in death, np-SAD cases, England, 2010**

Age-group (years)	Number (%) where substance was implicated	Drug substance (alone or in combination) most frequently implicated in each age group
All ages	1,222 (100.0)	Heroin/morphine (37.2%)
Under 15	4 (0.3)	Other opiates/opioid analgesics (75.0%)
15–24	102 (8.3)	Alcohol-in-combination (33.3%)
25–34	324 (26.6)	Heroin/morphine (50.9%)
35–44	391 (32.0)	Heroin/morphine (43.0%)
45–54	236 (19.3)	Anti-depressants (37.7%)
55–64	107 (8.8)	Anti-depressants (34.6%)
65 & over	58 (4.7)	Other opiates/opioid analgesics (46.6%)

The pattern of substance-specific fatality is somewhat different in male and female cases. Among males, the most frequently mentioned substances were: heroin/morphine (43%); alcohol-in-combination (34%); methadone (26%); hypnotics/sedatives (23%); other opiates/opioid analgesics (22%); anti-depressants (16%) and cocaine (11%). Furthermore, there is a higher proportion of cases of drug-specific fatality among males compared to females in respect of heroin/morphine, methadone, hypnotics/sedatives, amphetamine, cannabis, cocaine, alcohol-in-combination, and GHB.

Among female cases, the most frequently mentioned substances were: anti-depressants (35%); other opiates/ opioid analgesics (31%); alcohol-in-combination (26%); methadone (24%); heroin/morphine (23%); and hypnotics/sedatives (18%). Amongst females, there are a greater proportion of cases involving anti-depressants, other opiates/ opioid analgesics, anti-psychotics, anti-epileptics, anti-Parkinson's, and ecstasy-type substances.

## 2. Polysubstances

Over the past decade, one-sixth (16%) of drug-related deaths has involved heroin/morphine in combination with alcohol. Eleven percent of cases involved hypnotics/sedatives with anti-depressants; 7% involved other opiates/opioid analgesics combined with alcohol, as did 7% of deaths involved heroin/morphine and other opiates/opioid analgesics combined. Opiates and opioids including heroin/morphine and methadone accounted for 69% of deaths where a psychoactive substance was involved. This pattern has remained stable for the past decade. The combination of heroin/morphine

and other opiates/opioid analgesics fluctuated between 5% and 15% over the past ten years, with a general downward trend. Over the last decade alcohol-in-combination with two other stimulants constantly featured. Combinations of drugs, with or without alcohol, pose greater risks for mortality.

The most frequent combinations of prescribed psychoactive drugs in 2001 were also the most common in 2010. Prescribed hypnotics/sedatives in combination with anti-depressants accounted for 10% of cases in 2001 and 15% in 2010. Hypnotics/sedatives in combination with other opiates/opioid analgesics accounted for 7% of cases in 2001 compared to 6% in 2010.

## 3. Single substances

In 2010, the following substances, as the sole implicated drug, accounted for 454 (37%) deaths: heroin/morphine (11%); methadone (7%); other opiates/opioid analgesics (5%); anti-depressants (5%); cocaine (2%); hypnotics/sedatives (1.6%); amphetamines (1.4%); anti-psychotics (0.9%); GHB (0.5%); ecstasy-type drugs (0.3%); and cannabis (0.2%).

## 4. Prescribed psychoactive drugs

Altogether, 781 cases were reported to be receiving prescribed psychoactive drugs at the time of their death 2010 (Table 1.4). Within this group, prescribed drugs reported were: anti-depressants (58%); hypnotic/sedatives (42%); other opiate/opioid analgesics (27%); anti-psychotics (21%); methadone (17%); and anti-epileptics (15%). 'Polypharmacy', i.e. multiple prescriptions of psychoactive drugs, occurred in 75% (584/781) of these cases.



Prescribing medical history was directly related to age for those on prescribed medication at the time of their death. The result shows: under 15 (50%), 15-24 (33%), 25-34 (49%), 35-44 (61%), 45-54 (67%), 55-64 (66%), and 64 and over (75%). The most common prescribed medications were anti-depressants (58%) followed by hypnotics/

sedatives (42%); other opiates/opioid analgesics (27%); anti-psychotics (21%) and methadone (17%) – see Table 1.4). These prescribed medications increased with advancing age: 33% of 15-24 year olds, 49% of 25-34 year olds rising to 75% for those aged over 64 years.

**Table 1.4: Prescribed psychoactive medication, np-SAD cases, England, 2010**

Drug category	Number (%) of cases on prescribed psychoactive medication	Number (%) of cases where same drug was implicated in death
Total	781 (100.0)	
Amphetamines	2 (0.3)	0 (0.0)
Anti-depressants	456 (58.4)	185 (40.6)
Anti-epileptics	117 (15.0)	19 (16.2)
Anti-Parkinson's	20 (2.6)	5 (25.0)
Anti-psychotics	162 (20.7)	53 (32.7)
Heroin/morphine	42 (5.4)	29 (69.0)
Hypnotic/sedatives	329 (42.1)	114 (34.7)
Methadone	131 (16.8)	89 (67.9)
Other opiates/opioid analgesics	211 (27.0)	122 (57.8)
Note: Column totals may sum to more than 100% since more than one substance may be prescribed to an individual and more than one substance may be implicated in a death.		

The following paragraphs take a closer look at the relationship between deaths and the involvement of prescribed medication.

Methadone, alone and in combination with other drugs, was implicated in 308 cases. Of these, 71% may have obtained methadone from illicit sources, compared to 29% who were known to be receiving prescribed methadone prior to their death ( $PR = 2.5$ , 95%  $CI = 2.0 - 3.0$ ). Methadone alone was implicated in 87 cases. Of these, 67% may have obtained the drug from illicit sources, compared to 33% who were known to be receiving prescribed methadone ( $PR = 2.0$ , 95%  $CI = 1.4 - 2.8$ ).

Hypnotic/sedatives, alone and in combination with other drugs, were implicated in 265 cases. Of these, 57% may have obtained them illicitly, compared to the 43% who were known to be receiving a prescription for this class of drug ( $PR = 1.3$ , 95%  $CI = 1.1 - 1.6$ ). Twenty cases had hypnotic/sedatives alone implicated in their death, of whom 10 (50%) had received the drug on prescription, compared to 10 (50%) who may have obtained it illicitly ( $PR = 1.0$ , 95%  $CI = 0.5 - 1.9$ ).

Anti-depressants, alone and in combination with other drugs, were implicated in 263 cases. Of these, 71% were known to be receiving prescribed anti-depressants at the time of their death, compared to 29% who may have used drugs prescribed for others ( $PR = 2.4$ , 95%  $CI = 2.0 - 3.0$ ). Anti-depressants alone were implicated in 58 cases. Of these, 72% were known to be receiving prescribed anti-depressants, compared to 28% who may have used drugs prescribed for others ( $PR = 2.6$ , 95%  $CI = 1.7 - 4.1$ ).

Other opiates/opioid analgesics (e.g. dihydrocodeine, dextropropoxyphene) alone and in combination with other drugs, were implicated in 304 cases. Of these, 60% may have obtained the drug by other means, compared to the 40% who were known to be receiving prescribed opiate/opioid analgesics prior to their death ( $PR = 1.5$ , 95%  $CI = 1.3 - 1.8$ ). Other opiate/opioid analgesics alone were implicated in 65 cases. Of these, the drugs were apparently obtained by other means in 51% of cases, compared to being prescribed in 49% of cases ( $PR = 1.0$ , 95%  $CI = 0.7 - 1.5$ ).

## Drug abuse/dependence

Where information was available on past or current history of drug abuse/dependence or recreational drug use, those with such a history (DAs) accounted for 69% ( $n = 704/1026$ ). Those without such a history, non drug abusers (NDAs) accounted for 31% ( $n = 322$ ). Three hundred and thirty-two cases (24%) were reported as “not known” with respect to history of drug abuse/dependence. These cases were excluded from further analysis.

### 1. Demography

The DA cases were more likely than non NDA cases to be male ( $PR = 1.3$ , 95%  $CI = 1.2 - 1.5$ ) and less than 45 years of age, 74% compared to 48% ( $PR = 1.5$ , 95%  $CI = 1.3 - 1.7$ ). The median age at death for DAs was 38.4 years (semi-interquartile range = 6.8), while that for NDAs was 45.5 years (semi-interquartile range = 12.2) ( $Mann-Whitney U = 87,762.5$ ,  $p < 0.0005$ ).

### 2. Location of death

There was no significant difference between DAs (76%) and NDAs (75%) with respect to the location of their death. In both groups the

majority died at home or in a defined residential address. Hospital deaths accounted for a similar proportion of both DA (15%) and NDA (13%) deaths. Similar proportions of DAs (8.5%) died in temporary accommodation or in public places than NDAs (10.6%).

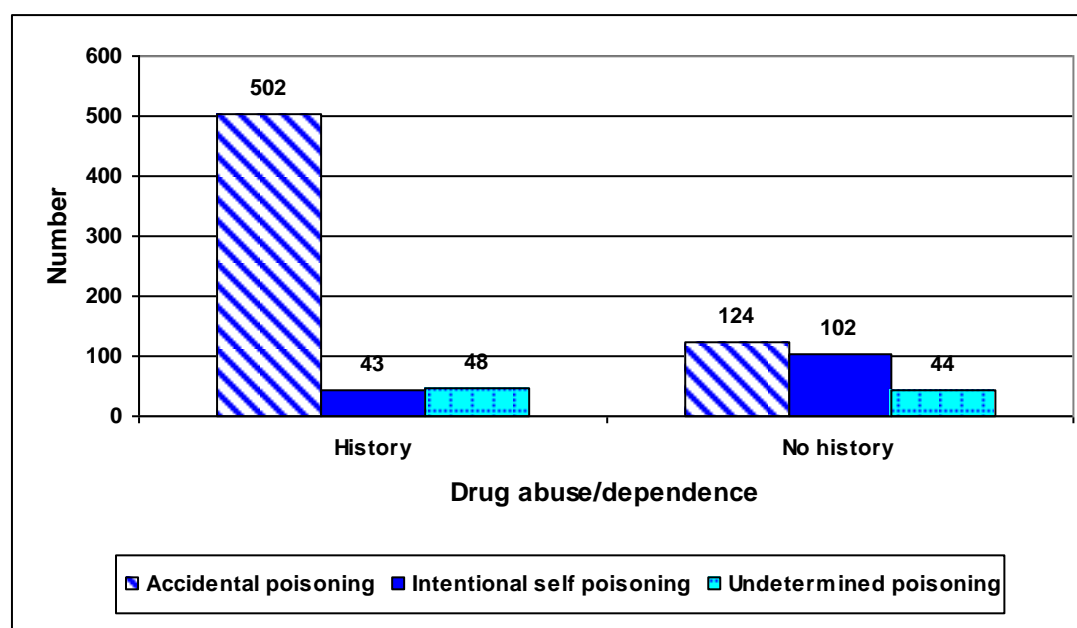
### 3. Underlying cause(s) of death

DAs were more likely than NDAs to die of accidental poisoning (71% vs. 39%) ( $PR = 1.9$ , 95%  $CI = 1.6 - 2.1$ ) - see Figure 1.2. NDAs, by contrast, were more likely than DAs to die of intentional self-poisoning (32% vs. 6%) ( $PR = 5.2$ , 95%  $CI = 3.7 - 7.2$ ), and poisoning of undetermined intent (14% vs. 7%) ( $PR = 2.0$ , 95%  $CI = 1.4 - 3.0$ ).

### 4. Manner of death

A similar pattern is exhibited with regard to manner of death. DAs were more likely than NDAs to die an accidental death (78% vs. 45%) ( $PR = 1.8$ , 95%  $CI = 1.5 - 2.0$ ). Conversely, NDAs were more likely than DAs to die of suicide (38% vs. 9%) ( $PR = 4.2$ , 95%  $CI = 3.2 - 5.5$ ), or a death where the manner was undetermined (15% vs. 8%) ( $PR = 1.9$ , 95%  $CI = 1.3 - 2.7$ ).

**Figure 1.3: Principal underlying cause(s) of death by drug abuse/dependence history, np-SAD cases, England, 2010**



## Changes between 2009 and 2010

The following section compares deaths in 2010 with those that occurred in 2009. Deaths in 2010 are reported as 1,358. During the same time-frame in 2009, 1,524 cases were reported. This is a decrease in reporting of 11% in 2010. Figures for 2010 (and 2009, to a lesser extent) can be expected to increase as further inquests on drug-related deaths of those who died in these calendar years are finally completed (some inquests do happen in the same calendar year) and reported to the Programme.

### 1. Demography

Whilst there were small changes between 2009 and 2010, the demographic profile of cases remained stable with no significant changes in age, addiction history, ethnicity, employment status and living arrangements distributions. However the proportion of males decreased from 78% to 72%. A small increase was observed in the proportion of deaths occurring in residential premises (from 73% to 75%), with a fall in hospital deaths (from 18% to 14%).

### 2. Underlying cause(s) of death

The proportion of accidental deaths fell to 60% in 2010 (66% in 2009). Whilst intentional self-poisoning deaths increased slightly from 11.4% in 2009 to 13.8% in 2010, and deaths from other causes increased slightly from 12% to 16%, poisonings of undetermined intent remained stable at 10%.

### 3. Manner of death

The patterns observed for underlying cause(s) of death were echoed for the manner of death. There was a small decrease in the proportion of accidental deaths from 70 to 67%, and a small increase in suicides from 14% to 18%.

### 4. Substances implicated in death

#### 4.1 Multiple substances

In 2010 there were 1,222/1358 deaths that involved psychoactive substances; 136 cases were excluded from the following analyses as they did not involve psychoactive substances. The number of 2009 cases examined was 1,419. Despite a large fall in numbers, heroin/morphine remained the most frequently mentioned substance in 2010 (37%), having been implicated in 49% of deaths in 2009. There were increases both in the number and proportion of mentions for amphetamines, ecstasy-type drugs, anti-epileptics, anti-depressants, anti-Parkinson's, anti-psychotics, methadone, and other opiates/opioid analgesics (Table 1.5).

#### 4.2 Single substance

There were slight changes between 2009 and 2010 in the proportions accounted for by fatalities involving a single psychoactive substance. There were decreases in the proportions accounted for by heroin, cannabis, anti-depressants, and other opiates/opioid analgesics. There were increases for all other substances, notably methadone (Table 1.6).

**Table 1.5: Changes in percentages of psychoactive substances implicated in multiple substance deaths, *np*-SAD cases, England, 2009 and 2010**

Substance	2009 (N = 1,419) ‡	2009 (N = 1,636) †	2010 (N = 1,222)	Percentage Ratio (PR)	95% CI	Change (percentage points)
Alcohol-in-combination	31.5	32.5	31.9	1.0	0.9 - 1.1	+ 0.4
Amphetamines	2.3	2.5	3.2	1.3	0.8 - 2.0	+ 0.9
Anti-depressants	18.5	18.5	21.5	1.2	1.0 - 1.3	+ 3.0
Anti-epileptics	1.3	1.4	2.3	1.1	0.9 - 2.8	+ 1.0
Anti-Parkinson's	0.4	0.4	0.6	1.3	0.5 - 3.8	+ 0.2
Anti-psychotics	3.6	3.9	5.3	1.4	1.0 - 1.9	+ 1.7
Cannabis	1.6	1.7	1.6	1.1	0.6 - 2.0	-
Cocaine	10.0	10.1	9.3	1.1	0.9 - 1.4	- 0.7
Ecstasy-type drugs	0.4	0.4	6.5	1.5	0.6 - 4.2	+ 6.1
GHB/GBL	1.0	1.0	1.1	0.9	0.4 - 1.9	+ 0.1
Heroin/morphine	49.2	48.8	37.2	1.3	1.2 - 1.4	- 12.0
Hypnotics/sedatives	19.4	19.7	21.7	1.1	1.0 - 1.3	+ 2.3
Methadone	19.8	20.0	25.2	1.3	1.1 - 1.1	+ 5.4
Other opiates/ opioid analgesics	21.2	21.8	24.9	1.0	1.0 - 1.3	+ 3.7

Note: Column totals may sum to more than 100% since more than one substance may be implicated in a death.  
†On average approximately 300 cases of inquest from the year of death are not completed and are added to next year.  
‡ The PR and CI are based on the year on year 2009 figure

**Table 1.6: Changes in percentages of psychoactive substances implicated in single substance deaths, *np*-SAD cases, England, 2009 and 2010**

Substance	2009 (N = 1,419) ‡	2009 (N = 1,636) †	2010 (N = 1,222)	Percentage Ratio (PR)	95% CI	Change (percentage points)
Amphetamines	1.1	1.1	1.4	0.8	0.4 - 1.6	+ 0.3
Anti-depressants	5.2	5.3	4.7	1.1	0.8 - 1.5	- 0.5
Anti-epileptics	0.1	0.1	0.4	3.3	0.7 - 17.2	+ 0.3
Anti-Parkinson's	0.1	0.1	0.1	1.5	1.4 - 16.5	-
Anti-psychotics	0.8	0.8	0.9	1.4	0.7 - 3.0	+ 0.1
Cannabis	0.3	0.4	0.2	2.2	0.5 - 11.1	- 0.1
Cocaine	1.9	1.9	2.1	1.1	0.7 - 1.9	+ 0.2
Ecstasy-type drugs	0.1	0.2	0.3	1.8	0.4 - 7.9	+ 0.2
GHB/GBL	0.4	0.3	0.5	1.6	0.5 - 5.3	+ 0.1
Heroin/morphine	16.8	16.0	11.1	1.4	1.2 - 1.7	- 5.7
Hypnotics/sedatives	1.3	1.1	1.6	1.5	0.8 - 2.8	+ 0.3
Methadone	3.9	4.2	7.1	1.7	1.2 - 2.3	+ 3.2
Other opiates/ opioid analgesics	5.0	4.8	5.3	1.1	0.8 - 1.5	+ 0.3

†On average approximately 300 cases of inquest from the year of death are not completed and are added to next year.  
‡ The PR and CI are based on the year on year 2009 figure

## Deaths per 100,000 population by area

This section provides information by different geographical units for deaths of those aged 16 years and older. Tables A and B provide information on rates per 100,000 population by coroners' jurisdiction, Tables C and E provide breakdowns by DA(A)T and Primary Care Trust areas respectively; and Table D gives detailed breakdowns by key aspects by DA(A)T area.

### *Jurisdictions with highest rates in 2010*

The following coroner's jurisdictions in England reported annual drug-related death rates higher than 10/100,000 population in 2010: Brighton & Hove (14.77); City of Manchester (13.44); and Blackpool & Fylde (11.77). Of the se three areas, Brighton & Hove showed a significant decrease (from 23.36), whilst the City of Manchester displayed a small decrease (from 14.38), whilst Blackpool & Fylde experienced an increase (from 8.43).

In addition, there were falls in North-East Kent (from 9.52 to 7.19), Liverpool (from 11.48 to 9.49), North Tyneside (from 14.79 to 3.68), and Sunderland (from 9.48 to 7.68); East Lancashire remained unchanged (at 9.85), but Teesside rose (from 9.26 to 9.97).

### *Jurisdictions with lowest rates in 2010*

The following jurisdictions reported annual drug-related death rates of less than 1/100,000 population in 2010: Mid Kent & Medway (0.23); South & West Cambridgeshire (0.28); North Yorkshire Western 0.35); North Durham (0.36); Northern London (0.46); Western Dorset (0.54); Southern London (0.58); Worcestershire (0.66); Essex & Thurrock (0.71); Spilsby & Louth (0.76); Coventry (0.79); Gloucestershire ((0.82); Newcastle-upon-Tyne (0.82); and North Yorkshire Eastern (0.96).

The following areas experienced decreases in death rates from 2009; Western Dorset (2.71); North Durham (2.18); Gloucestershire (2.29); Mid Kent & Medway (1.65); West Lincolnshire (2.73); Northern London (1.21); Southern London (1.52); North Northumberland (2.09); North Yorkshire Western (1.75); Newcastle-upon-Tyne (1.26); Coventry (1.59); and Worcestershire (3.51). Essex & Thurrock (0.71) remained unchanged from 2009, but there were increases in Spilsby & Louth (from 0.00) and North Yorkshire Eastern (from 0.48).

The following areas reported that there had been no relevant cases: Isles of Scilly; Stamford; West Lincolnshire; North Northumberland; Wolverhampton; and Milton Keynes.

## Commentary

The demographic profile of drug-related deaths in England meeting the np-SAD case criteria remains consistent with previous reports; a higher proportion of males to females, White, with a typical age of 25-44. Deaths amongst those aged 15-24 appear to have dropped over the past ten years by about two-thirds. The number and proportion of deaths of known drug users aged more than 45 years at the time of death notified to the Programme also increased over the past decade: from 116 to 184, from 10.5% to 26.1%, respectively.

Accidental poisoning still remains the most frequent underlying cause of death across all age-groups. However, older females are more likely to die of intentional self-poisoning.

The most frequent drugs implicated in deaths of males were heroin/morphine, whilst for females it was anti-depressants, closely followed by other opiates/ opioid analgesics. Deaths reported for 2010 suggest that the involvement in death of amphetamines, ecstasy-type drugs, anti-epileptics, anti-psychotics, and methadone have increased, whilst those involving heroin/morphine, cocaine, GHB and cannabis have decreased. This pattern is similar to that in 'drug misuse' cases in respect of controlled drugs.

The decline in monovalent deaths noted in last year's report appears to be continuing; in 2010 they accounted for 36% of cases whereas in 2009 they were implicated in 37%. Heroin/morphine combined with alcohol remains the most frequent polysubstance

combination over the past ten years, followed by heroin/morphine combined with hypnotics/sedatives.

The most commonly prescribed medications implicated in death were anti-depressants,

followed by hypnotics/sedatives. It appears that upwards of 57% of anti-depressants, hypnotics/sedatives, other opiates/opioid analgesics and methadone-related deaths are more likely to arise from illicitly than legally sourced supplies.

**Table A: England cases in 2010 by coroner's jurisdiction (16 years and over) and deaths in 2009 reported in 2010/11**

Coroner's Jurisdiction & county district	np-SAD deaths Jan-Dec 2010	Annual death rate per 100,000 population <sup>(1)</sup>	np-SAD 2009 deaths reported in 2010/11 <sup>(2)</sup>
Queen's Household	0	0.00	0
<b>ENGLAND</b>			
AVON	-	-	-
BEDFORDSHIRE	25	5.11	0
BERKSHIRE	17	2.46	0
BUCKINGHAMSHIRE			
Buckinghamshire	5	1.26	0
Milton Keynes	0	0.00	0
CAMBRIDGESHIRE			
North & East Cambridgeshire	4	2.78	1
Peterborough	3	2.19	0
South & West Cambridgeshire	1	0.28	0
CHESHIRE	27	3.29	15
CORNWALL			
Cornwall	32	7.20	9
Isles of Scilly	0	0.00	0
CUMBRIA			
North & West Cumbria	3	1.35	2
South & East Cumbria	6	3.19	1
DERBYSHIRE			
Derby & South Derbyshire	16	3.23	2
North Derbyshire	10	3.02	0
DEVON			
Exeter & Greater Devon	23	4.47	12
Plymouth & South West Devon	9	3.64	0
Torbay & South Devon	6	3.00	0
DORSET			
Bournemouth, Poole & Eastern Dorset	24	5.88	0
Western Dorset	1	0.54	1
DURHAM			
Darlington & South Durham	3	1.34	2
North Durham	1	0.36	2
EAST SUSSEX			
Brighton & Hove	32	14.77	0
East Sussex	25	5.89	3
ESSEX			
Essex & Thurrock	8	0.71	0
Southend & South East Essex	8	2.91	1
GLOUCESTERSHIRE	4	0.82	2
GREATER MANCHESTER			
Manchester (City)	55	13.44	24
North Manchester	14	2.92	5
South Manchester	39	6.72	2
West Manchester	43	6.64	1
HAMPSHIRE			
Central Hampshire	8	2.82	0
North East Hampshire	10	3.08	1
Portsmouth & South East Hampshire	30	6.37	17
Southampton & New Forest	18	5.17	2

Coroner's Jurisdiction & county district	<i>np</i> -SAD deaths Jan-Dec 2010	Annual death rate per 100,000 population <sup>(1)</sup>	<i>np</i> -SAD 2009 deaths reported in 2010/11 <sup>(2)</sup>
HEREFORDSHIRE	4	2.70	0
HERTFORDSHIRE	22	2.48	1
HUMBERSIDE			
East Riding & Hull	15	3.01	0
ISLE OF WIGHT	5	4.25	0
KENT			
Central & South East Kent	-	-	-
Mid Kent & Medway	1	0.23	1
North East Kent	20	7.19	2
North West Kent	11	2.89	1
LANCASHIRE			
Blackburn, Hyndburn & Ribble Valley	20	9.23	0
Blackpool & the Fylde	21	11.77	5
East Lancashire	19	9.85	0
Preston & West Lancashire	29	4.96	0
LEICESTERSHIRE			
Leicester City & South Leicestershire	6	1.38	3
Rutland & North Leicestershire	-	-	-
LINCOLNSHIRE			
Boston & Spalding	3	2.53	0
North Lincolnshire & Grimsby	15	5.80	0
Spilsby & Louth	1	0.76	0
Stamford	0	0.00	0
West Lincolnshire	0	0.00	0
LONDON			
City of London	1	13.97	0
Eastern London	9	1.01	5
Inner North London	51	7.05	0
Inner South London	38	4.41	4
Inner West London	11	1.42	0
Northern London	5	0.46	0
Southern London	5	0.58	2
Western London	84	7.71	24
MERSEYSIDE			
Knowsley, St Helens & Sefton	5	1.02	0
Liverpool	35	9.49	0
Wirral	12	4.80	0
NORFOLK	24	3.34	6
NORTHAMPTONSHIRE	21	3.81	16
NORTHUMBERLAND			
North Northumberland	0	0.00	1
South Northumberland	7	4.33	0
NORTH YORKSHIRE			
North Yorkshire Eastern	2	0.96	0
North Yorkshire Western	1	0.35	0
York	-	-	0
NOTTINGHAMSHIRE	2	0.22	0
OXFORDSHIRE	9	1.71	0
SHROPSHIRE			
Mid & North Shropshire	6	3.74	0
South Shropshire	-	-	-
The Wrekin	6	4.64	0



Coroner's Jurisdiction & county district	np-SAD deaths Jan-Dec 2010	Annual death rate per 100,000 population <sup>(1)</sup>	np-SAD 2009 deaths reported in 2010/11 <sup>(2)</sup>
<b>SOMERSET</b>			
Eastern Somerset	6	2.75	0
Western Somerset	9	4.25	3
<b>SOUTH YORKSHIRE</b>			
South Yorkshire East	13	2.95	4
South Yorkshire West	12	1.86	5
<b>STAFFORDSHIRE</b>			
South Staffordshire	18	3.62	2
Stoke-on-Trent & North Staffordshire	14	3.72	11
<b>SUFFOLK</b>	15	2.55	0
<b>SURREY</b>	30	3.30	2
<b>TEESSIDE</b>			
Hartlepool	3	4.09	0
Teesside	38	9.97	9
<b>TYNE &amp; WEAR</b>			
Gateshead & South Tyneside	7	2.45	2
Newcastle-upon-Tyne	2	0.82	0
North Tyneside	6	3.68	3
Sunderland	18	7.68	14
<b>WARWICKSHIRE</b>	-	-	-
<b>WEST MIDLANDS</b>			
Birmingham	12	1.23	7
Black Country	-	-	-
Coventry	2	0.79	0
Wolverhampton	0	0.00	3
<b>WEST SUSSEX</b>	16	2.45	5
<b>West YORKSHIRE</b>			
West Yorkshire Eastern	40	4.31	4
West Yorkshire Western	42	4.75	6
<b>WILTSHIRE</b>	12	2.25	1
<b>WORCESTERSHIRE</b>	3	0.66	0

Note that (0) refers to either no drug-related deaths or death rates of less than 0.01, whilst (–) indicates that no reports were submitted for the specific period from that jurisdiction or area. In subsequent reports these rates may increase as more inquests on deaths in 2010 are held and/or notified to the np-SAD. These rates should therefore be regarded as minimum rates. Rows for administrative counties have been shaded where there are coroner's areas located within them; coroners' areas which correspond to a complete administrative county have not been shaded.

- (1) The rate per 100,000 population is based on published mid-year population estimates for local government administrative areas for the years in question. However, the areas covered by 23 of the coroners' jurisdictions in England and Wales are not co-terminous with these boundaries and cover parts of such areas (see Appendix 3). Where administrative areas are split between jurisdictions, the estimated population has been divided into two or three as applicable. However, this means that the population of some coroners' jurisdictions may be either over- or under-estimated. It is necessary to make such assumptions until more accurate figures can be obtained or calculated.
- (2) Notified after the publication of the np-SAD Annual Report, 2010.
- (3) The amalgamations of the following coroner's jurisdictions during the period covered by this report mean that rates for the new areas have been calculated retrospectively based on published figures: High Peak and Scarsdale were merged to form North Derbyshire (1 February 2006); Gloucester and Cheltenham merged to form Gloucestershire (1 April 2006). In Norfolk, King's Lynn and Norwich & Central Norfolk to form Greater Norfolk (6 April 2007); in Cumbria, the three jurisdictions of North East Cumbria, Southern Cumbria & Furness, and Western Cumbria to form two new areas - North & West Cumbria and South & East Cumbria (1 May 2007). Great Yarmouth merged with Greater Norfolk to form Norfolk on 1 April 2010.

**Table B: Changes in annual death rate per 100,000 population for *np*-SAD cases (16 years old and over), and annual percentage of all inquests held, 2009 and 2010**

Coroner's Jurisdiction & county district	Number of <i>np</i> -SAD deaths 2009	Annual death rate per 100,000 population 2009 <sup>(1)</sup>	Annual % of all inquests held in 2009 <sup>(2)</sup>	Number of <i>np</i> -SAD deaths 2010	Annual death rate per 100,000 population 2010 <sup>(1)</sup>	Annual % of all inquests held in 2010 <sup>(2)</sup>
Queen's Household	0	0.00	0.00	0	0.00	0.00
<b>ENGLAND</b>						
AVON	2	0.22	0.29	-	-	-
BEDFORDSHIRE	20	4.16	10.36	25	5.11	12.14
BERKSHIRE	7	1.02	2.36	17	2.46	5.90
BUCKINGHAMSHIRE						
Buckinghamshire	10	2.54	9.80	5	1.26	4.24
Milton Keynes	0	0.00	0.00	0	0.00	0.00
CAMBRIDGESHIRE						
North & East Cambridgeshire	1	0.70	2.04	4	2.78	6.78
Peterborough	7	5.16	8.43	3	2.19	3.41
South & West Cambridgeshire	-	-	-	1	0.28	0.56
CHESHIRE	39	4.77	4.70	27	3.29	4.07
CORNWALL						
Cornwall	30	6.82	9.17	32	7.20	10.09
Isles of Scilly	0	0.00	0.00	0	0.00	0.00
CUMBRIA						
North & West Cumbria	13	5.85	14.13	3	1.35	2.22
South & East Cumbria	7	3.73	4.22	6	3.19	3.45
DERBYSHIRE						
Derby & South Derbyshire	21	4.28	7.64	16	3.23	5.56
North Derbyshire	15	4.45	5.34	10	3.02	3.34
DEVON						
Exeter & Greater Devon	33	6.61	8.46	23	4.47	7.37
Plymouth & South West Devon	7	2.83	1.46	9	3.64	2.54
Torbay & South Devon	2	1.00	1.67	6	3.00	6.00
DORSET						
Bournemouth, Poole & Eastern Dorset	25	6.15	16.34	24	5.88	13.71
Western Dorset	5	2.71	6.10	1	0.54	1.18
DURHAM						
Darlington & South Durham	6	2.68	4.51	3	1.34	2.16
North Durham	6	2.18	2.43	1	0.36	0.38
EAST SUSSEX						
Brighton & Hove	50	23.36	22.94	32	14.77	15.31
East Sussex	26	6.17	8.07	25	5.89	7.72
ESSEX						
Essex & Thurrock	8	0.71	2.24	8	0.71	1.35
Southend & South East Essex	16	5.85	11.76	8	2.91	7.77
GLOUCESTERSHIRE	11	2.29	3.01	4	0.82	0.96
GREATER MANCHESTER						
Manchester (City)	57	14.38	7.55	55	13.44	7.70
North Manchester	32	6.71	6.74	14	2.92	3.50
South Manchester	22	3.81	3.37	39	6.72	8.55
West Manchester	20	3.11	3.14	43	6.64	7.04

Coroner's Jurisdiction & county district	Number of np-SAD deaths 2009	Annual death rate per 100,000 population 2009 <sup>(1)</sup>	Annual % of all inquests held in 2009 <sup>(2)</sup>	Number of np-SAD deaths 2010	Annual death rate per 100,000 population 2010 <sup>(1)</sup>	Annual % of all inquests held in 2010 <sup>(2)</sup>
<b>HAMPSHIRE</b>						
Central Hampshire	14	4.98	7.18	8	2.82	4.30
North East Hampshire	8	2.49	7.27	10	3.08	6.67
Portsmouth & South East Hampshire	43	9.22	10.21	30	6.37	7.73
Southampton & New Forest	28	8.13	13.59	18	5.17	8.91
<b>HEREFORDSHIRE</b>	4	2.70	4.30	4	2.70	3.70
<b>HERTFORDSHIRE</b>	20	2.28	4.99	22	2.48	6.55
<b>HUMBERSIDE</b>						
East Riding & Hull	20	4.04	6.90	15	3.01	5.47
<b>ISLE OF WIGHT</b>	6	5.12	8.33	5	4.25	6.67
<b>KENT</b>						
Central & South East Kent	11	4.10	5.82	-	-	-
Mid Kent & Medway	7	1.65	2.72	1	0.23	0.48
North East Kent	26	9.52	12.26	20	7.19	9.57
North West Kent	6	1.59	2.61	11	2.89	6.43
<b>LANCASHIRE</b>						
Blackburn, Hyndburn & Ribble Valley	20	9.21	5.62	20	9.23	6.25
Blackpool & the Fylde	15	8.43	12.30	21	11.77	16.03
East Lancashire	19	9.86	11.59	19	9.85	14.96
Preston & West Lancashire	36	6.19	8.35	29	4.96	7.16
<b>LEICESTERSHIRE</b>						
Leicester City & South Leicestershire	15	3.46	2.36	6	1.38	1.44
Rutland & North Leicestershire	13	3.53	7.51	-	-	-
<b>LINCOLNSHIRE</b>						
Boston & Spalding	6	5.12	10.17	3	2.53	6.00
North Lincolnshire & Grimsby	17	6.59	11.97	15	5.80	12.50
Spilsby & Louth	0	0.00	0.00	1	0.76	2.04
Stamford	-	-	-	0	0.00	0.00
West Lincolnshire	6	2.73	5.31	0	0.00	0.00
<b>LONDON</b>						
City of London	1	13.97	5.00	1	13.97	6.25
Eastern London	20	2.25	6.04	9	1.01	2.33
Inner North London	53	7.43	9.08	51	7.05	9.60
Inner South London	45	5.24	9.43	38	4.41	9.95
Inner West London	16	2.08	4.21	11	1.42	3.03
Northern London	13	1.21	2.69	5	0.46	0.99
Southern London	13	1.52	5.28	5	0.58	1.69
Western London	100	9.24	22.17	84	7.71	15.11
<b>MERSEYSIDE</b>						
Knowsley, St Helens & Sefton	5	1.02	2.01	5	1.02	1.75
Liverpool	42	11.48	8.68	35	9.49	6.77
Wirral	8	3.20	3.27	12	4.80	4.74
<b>NORFOLK</b>	42	5.98	7.88	24	3.34	5.03
<b>NORTHAMPTONSHIRE</b>	36	6.57	12.37	21	3.81	8.61

Coroner's Jurisdiction & county district	Number of np-SAD deaths 2009	Annual death rate per 100,000 population 2009 <sup>(1)</sup>	Annual % of all inquests held in 2009 <sup>(2)</sup>	Number of np-SAD deaths 2010	Annual death rate per 100,000 population 2010 <sup>(1)</sup>	Annual % of all inquests held in 2010 <sup>(2)</sup>
<b>NORTHUMBERLAND</b>						
North Northumberland	2	2.09	1.68	0	0.00	0.00
South Northumberland	7	4.34	7.29	7	4.33	7.00
<b>NORTH YORKSHIRE</b>						
North Yorkshire Eastern	1	0.48	0.88	2	0.96	1.55
North Yorkshire Western	5	1.75	4.24	1	0.35	0.79
York	-	-	-	-	-	-
<b>NOTTINGHAMSHIRE</b>	29	3.27	7.38	2	0.22	0.50
<b>OXFORDSHIRE</b>	16	3.08	6.13	9	1.71	3.18
<b>SHROPSHIRE</b>						
Mid & North Shropshire	2	1.25	2.41	6	3.74	6.90
South Shropshire	1	1.26	2.27	-	-	-
The Wrekin	5	3.88	6.41	6	4.64	6.74
<b>SOMERSET</b>						
Eastern Somerset	2	0.92	1.43	6	2.75	4.20
Western Somerset	12	5.69	7.84	9	4.25	7.32
<b>SOUTH YORKSHIRE</b>						
South Yorkshire East	16	3.64	5.90	13	2.95	4.50
South Yorkshire West	25	3.93	5.48	12	1.86	3.16
<b>STAFFORDSHIRE</b>						
South Staffordshire	19	3.83	5.09	18	3.62	5.81
Stoke-on-Trent & North Staffordshire	29	7.75	7.16	14	3.72	2.95
<b>SUFFOLK</b>	17	2.92	6.34	15	2.55	5.45
<b>SURREY</b>	27	3.00	6.49	30	3.30	7.61
<b>TEESSIDE</b>						
Hartlepool	3	4.10	6.00	3	4.09	5.26
Teesside	35	9.26	12.41	38	9.97	13.29
<b>TYNE &amp; WEAR</b>						
Gateshead & South Tyneside	12	4.24	5.94	7	2.45	3.11
Newcastle-upon-Tyne	3	1.26	1.03	2	0.82	0.63
North Tyneside	24	14.79	11.32	6	3.68	2.65
Sunderland	22	9.48	6.20	18	7.68	3.95
<b>WARWICKSHIRE</b>	11	2.51	5.29	-	-	-
<b>WEST MIDLANDS</b>						
Birmingham	52	5.38	5.41	12	1.23	1.19
Black Country	10	1.47	3.76	-	-	-
Coventry	4	1.59	1.96	2	0.79	1.18
Wolverhampton	3	1.56	2.59	0	0.00	0.00
<b>WEST SUSSEX</b>	6	0.93	2.31	16	2.45	5.73
<b>West YORKSHIRE</b>						
West Yorkshire Eastern	59	6.44	11.48	40	4.31	7.42
West Yorkshire Western	42	4.79	9.25	42	4.75	9.15
<b>WILTSHIRE</b>	14	2.66	3.59	12	2.25	2.88
<b>WORCESTERSHIRE</b>	16	3.51	4.68	3	0.66	0.84

Note that (0) refers to either no drug-related deaths or death rates of less than 0.01, whilst (-) indicates that no reports were submitted for the specific period from that jurisdiction or area. In subsequent reports these rates may increase as more inquests on deaths in 2010 are held and/or notified to the np-SAD. These rates should therefore be regarded as minimum rates. Rows for administrative counties have been shaded where there are coroner's areas located within them; coroners' areas which correspond to a complete administrative county have not been shaded.

- (1) The rate per 100,000 population is based on published mid-year population estimates for local government administrative areas for the years in question. However, the areas covered by 23 of the coroners' jurisdictions in England and Wales are not co-terminous with these boundaries and cover parts of such areas (see Appendix 3). Where administrative areas are split between jurisdictions, the estimated population has been divided into two or three as applicable. However, this means that the population of some coroners' jurisdictions may be either over- or under-estimated. It is necessary to make such assumptions until more accurate figures can be obtained or calculated.
- (2) Inquests held on all ages.
- (3) The amalgamations of the following coroner's jurisdictions during the period covered by this report mean that rates for the new areas have been calculated retrospectively based on published figures: High Peak and Scarsdale were merged to form North Derbyshire (1 February 2006); Gloucester and Cheltenham merged to form Gloucestershire (1 April 2006). In Norfolk, King's Lynn and Norwich & Central Norfolk to form Greater Norfolk (6 April 2007); in Cumbria, the three jurisdictions of North East Cumbria, Southern Cumbria & Furness, and Western Cumbria to form two new areas - North & West Cumbria and South & East Cumbria (1 May 2007). Great Yarmouth merged with Greater Norfolk to form Norfolk on 1 April 2010.

**Table C: np-SAD cases in 2010 by Drug and Alcohol Action Team area (16 years and over)  
– number and rate per 100,000 population**

Drug and Alcohol Action Team	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
<b>ENGLAND</b>				
<b>NORTH EAST</b>				
County Durham	5	1.19	3	0.71
Darlington	1	1.23	1	1.23
Gateshead	6	3.80	6	3.80
Hartlepool	2	2.73	4	5.45
Middlesbrough	16	14.11	17	14.99
Newcastle upon Tyne	1	0.41	2	0.82
North Tyneside*	5	3.06	5	3.06
Northumberland	7	2.70	8	3.09
Redcar and Cleveland	7	6.22	7	6.22
South Tyneside	2	1.57	2	1.57
Stockton on Tees	15	9.68	14	9.03
Sunderland	17	7.26	18	7.68
<b>NORTH WEST</b>				
Blackburn with Darwen	11	10.38	10	9.44
Blackpool	14	12.26	16	14.01
Bolton	17	8.07	17	8.07
Bury	5	3.41	5	3.41
Cheshire*	17	3.00	17	3.00
Cumbria	15	3.65	13	3.17
Halton	4	4.21	4	4.21
Knowsley	1	0.84	1	0.84
Lancashire	60	6.29	57	5.98
Liverpool	34	9.22	33	8.95
Manchester	46	11.24	47	11.48
Oldham	4	2.34	4	2.34
Rochdale	6	3.71	6	3.71
Salford	15	8.02	16	8.56
Sefton	3	1.33	3	1.33
St Helens	2	1.38	2	1.38
Stockport	12	5.17	12	5.17
Tameside	20	11.47	20	11.47
Trafford	12	6.89	13	7.46
Warrington	6	3.73	6	3.73
Wigan	12	4.81	11	4.41
Wirral	13	5.20	13	5.20
<b>YORKSHIRE AND HUMBER</b>				
Barnsley	1	0.54	2	1.08
Bradford	18	4.54	17	4.29
Calderdale	0	0.00	0	0.00
Doncaster	9	3.83	8	3.40
East Riding of Yorkshire	3	1.06	2	0.71
Kingston upon Hull	13	6.00	15	6.92
Kirklees	13	3.99	13	3.99
Leeds	31	4.68	35	5.29
North East Lincolnshire	10	7.86	10	7.86
North Lincolnshire	5	3.80	5	3.80

Drug and Alcohol Action Team	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
North Yorkshire	4	0.81	3	0.61
Rotherham	2	0.97	2	0.97
Sheffield	13	2.83	11	2.39
Wakefield	19	7.15	18	6.78
York*	0	0.00	0	0.00
<b>EAST MIDLANDS</b>				
Derby	6	3.01	7	3.51
Derbyshire	18	2.87	19	3.03
Leicester	7	2.89	5	2.06
Leicestershire*	0	0.00	0	0.00
Lincolnshire	6	1.03	5	0.86
Northamptonshire	20	3.63	21	3.81
Nottingham	2	0.79	1	0.39
Nottinghamshire*	1	0.16	1	0.16
Rutland*	0	0.00	0	0.00
<b>WEST MIDLANDS</b>				
Birmingham*	10	1.24	9	1.11
Coventry	1	0.39	2	0.79
Dudley*	0	0.00	0	0.00
Herefordshire	3	2.02	4	2.70
Sandwell	1	0.43	1	0.43
Shropshire*	5	2.07	6	2.48
Solihull*	2	1.20	3	1.80
Staffordshire	24	3.51	24	3.51
Stoke-on-Trent	9	4.65	11	5.68
Telford and Wrekin	8	6.18	6	4.64
Walsall*	0	0.00	0	0.00
Warwickshire*	0	0.00	0	0.00
Wolverhampton	0	0.00	0	0.00
Worcestershire	3	0.66	3	0.66
<b>EAST</b>				
Bedfordshire	24	7.18	22	6.58
Cambridgeshire	1	0.20	1	0.20
Essex	8	0.70	7	0.61
Hertfordshire	21	2.37	21	2.37
Luton	2	1.30	4	2.59
Norfolk	23	3.20	25	3.48
Peterborough	3	2.19	3	2.19
Southend-on-Sea	8	5.98	9	6.73
Suffolk	15	2.55	14	2.38
Thurrock	0	0.00	0	0.00
<b>LONDON</b>				
<b>Inner London</b>				
Camden	14	7.05	14	7.05
City of London	2	18.45	2	18.45
Hackney	6	3.50	9	5.25
Hammersmith and Fulham	20	14.23	18	12.80
Haringey	2	1.11	1	0.56
Islington	15	9.21	17	10.44
Kensington and Chelsea	1	0.71	0	0.00
Lambeth	13	5.54	17	7.25

Drug and Alcohol Action Team	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
Lewisham	3	1.41	4	1.88
Newham	2	1.11	2	1.11
Southwark	10	4.23	9	3.81
Tower Hamlets	11	5.78	10	5.26
Wandsworth	2	0.83	2	0.83
Westminster	11	5.01	13	5.92
<b>Outer London</b>				
Barking and Dagenham	2	1.48	2	1.48
Barnet	0	0.00	0	0.00
Bexley	3	1.65	1	0.55
Brent	0	0.00	0	0.00
Bromley	1	0.40	0	0.00
Croydon	4	1.46	3	1.10
Ealing	10	3.89	14	5.45
Enfield	2	0.87	3	1.30
Greenwich	6	3.35	6	3.35
Harrow	0	0.00	0	0.00
Havering	2	1.04	1	0.52
Hillingdon	17	8.04	17	8.04
Hounslow	17	8.95	17	8.95
Kingston-upon-Thames	4	2.90	6	4.34
Merton	1	0.59	0	0.00
Redbridge	2	0.94	2	0.94
Richmond-upon-Thames	12	7.84	9	5.88
Sutton	2	1.29	1	0.64
Waltham Forest	3	1.70	2	1.13
<b>SOUTH EAST</b>				
Bracknell Forest	1	1.07	0	0.00
Brighton and Hove	34	15.69	35	16.15
Buckinghamshire	8	2.02	6	1.51
East Sussex	21	4.95	22	5.18
Hampshire	40	3.79	34	3.22
Isle of Wight	5	4.25	5	4.25
Kent*	31	2.69	31	2.69
Medway towns	1	0.49	1	0.49
Milton Keynes	0	0.00	0	0.00
Oxfordshire	11	2.09	9	1.71
Portsmouth	19	11.05	20	11.63
Reading	5	3.96	5	3.96
Slough	6	5.85	4	3.90
Southampton	10	4.99	13	6.49
Surrey	29	3.19	30	3.30
West Berkshire	1	0.82	1	0.82
West Sussex	14	2.14	16	2.45
Windsor and Maidenhead	3	2.57	3	2.57
Wokingham	2	1.52	3	2.29
<b>SOUTH WEST</b>				
Bath and North East Somerset*	0	0.00	0	0.00
Bournemouth	15	10.61	15	10.61
Bristol*	0	0.00	0	0.00
Cornwall & Isles of Scilly	29	6.50	32	7.18
Devon	25	4.00	25	4.00



Drug and Alcohol Action Team	National and annual death rate per 100,000 population – usual area of residence		National and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
Dorset	6	1.79	6	1.79
Gloucestershire	3	0.62	3	0.62
North Somerset*	0	0.00	0	0.00
Plymouth	10	4.71	9	4.24
Poole	4	3.46	4	3.46
Somerset	15	8.00	16	3.72
South Gloucestershire*	0	0.00	0	0.00
Swindon	3	1.85	3	1.85
Torbay	5	4.47	4	3.57
Wiltshire	8	2.16	9	2.43

Note: In addition there were a number of cases that could not be allocated to specific DA(A)T areas because they were of no fixed abode and/or the jurisdiction in which the inquest was held covers more than one DA(A)T. Some cases were usually resident outside the UK. Some DA(A)Ts are covered by coroner's jurisdictions that did not submit information or only partial information) to the np-SAD; they are marked thus - \*.

**Table D: np-SAD cases in 2010 by Drug and Alcohol Action Team area (16 years and over) – demographics and drugs implicated**

Drug and Alcohol Action Team	No	Gender		Age group						Ethnicity					Main Drug Strategy drug implicated					
	Total	Male	Female	15-24	25-34	35-44	45-54	55-64	>64	White	Black	Asian	Other	Not known	Heroin/ morphine	Methadone	Hypnotics/ sedatives	Cocaine	Amphetamine	Ecstasy-type
ENGLAND																				
NORTH EAST																				
County Durham	5	5	0	0	0	3	0	2	0	2	0	0	0	3	2	0	2	0	0	0
Darlington	1	1	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0
Gateshead	6	3	3	1	4	1	0	0	0	6	0	0	0	0	3	4	4	0	0	0
Hartlepool	2	2	0	0	0	2	0	0	0	2	0	0	0	0	2	0	0	0	0	0
Middlesbrough	16	12	4	2	6	4	3	1	0	15	1	0	0	0	6	2	1	0	0	0
Newcastle upon Tyne	1	0	1	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0
North Tyneside*	5	4	1	0	3	1	0	1	0	5	0	0	0	0	3	0	3	0	0	0
Northumberland	7	6	1	2	1	1	3	0	0	7	0	0	0	0	1	1	5	1	0	0
Redcar and Cleveland	7	6	1	0	2	2	2	1	0	7	0	0	0	0	1	0	1	0	0	0
South Tyneside	2	2	0	2	0	0	0	0	0	2	0	0	0	0	0	0	2	0	0	0
Stockton on Tees	15	10	5	0	7	3	1	3	1	15	0	0	0	0	5	4	7	0	0	0
Sunderland	17	13	4	5	4	4	2	2	0	17	0	0	0	0	3	1	4	0	2	0
NORTH WEST																				
Blackburn with Darwen	11	5	6	1	1	2	5	1	1	11	0	0	0	0	4	5	7	1	2	0
Blackpool	14	9	5	0	7	3	2	1	1	14	0	0	0	0	7	2	0	1	0	0
Bolton	17	13	4	3	6	5	1	0	2	10	0	0	0	7	6	4	4	2	1	0
Bury	5	4	1	0	3	2	0	0	0	4	0	1	0	0	5	2	0	0	0	0
Cheshire*	17	12	5	0	4	5	4	2	2	9	0	0	0	8	4	3	2	0	0	0
Cumbria	15	9	6	2	3	5	4	0	1	14	0	0	0	1	7	3	3	0	1	0
Halton	4	3	1	0	1	2	0	1	0	2	0	0	0	2	1	0	0	1	0	0
Knowsley	1	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
Lancashire	60	48	12	5	15	18	15	5	2	20	0	0	0	40	18	15	15	1	3	0
Liverpool	34	20	14	4	7	11	8	4	0	31	0	1	0	2	10	7	5	12	1	0
Manchester	46	31	15	2	5	17	12	7	3	32	0	0	0	12	9	18	2	2	0	0
Oldham	4	3	1	0	1	2	1	0	1	1	0	0	0	3	2	2	0	0	0	0
Rochdale	6	6	0	0	3	2	0	1	0	0	0	0	0	6	1	4	0	0	0	0
Salford	15	9	6	0	2	8	4	1	0	2	0	1	0	12	5	4	3	0	1	0
Sefton	3	3	0	0	1	2	0	0	0	3	0	0	0	0	2	2	1	1	0	0
St. Helens	2	0	2	0	0	2	0	0	0	2	0	0	0	0	2	1	1	0	0	0
Stockport	12	7	5	1	3	3	4	1	0	8	0	0	0	4	5	3	4	1	0	0
Tameside	20	11	9	1	4	7	4	2	2	11	0	0	0	9	1	1	6	1	0	0
Trafford	12	7	5	1	4	4	1	2	0	7	0	0	0	5	0	3	0	1	1	0
Warrington	6	2	4	0	1	1	2	0	2	3	0	0	0	3	1	1	0	0	0	0
Wigan	12	8	4	1	2	7	1	0	1	2	0	0	0	10	1	2	3	0	1	0
Wirral	13	9	4	0	2	5	5	1	0	7	0	0	0	6	5	8	4	3	0	0

Drug and Alcohol Action Team	N o	Gender		Age group						Ethnicity					Main Drug Strategy drug implicated					
	Total	Male	Female	15-24	25-34	35-44	45-54	55-64	>64	White	Black	Asian	Other	Not known	Heroin/ morphine	Methadone	Hypnotics/ sedatives	Cocaine	Amphetamine	Ecstasy-type
<b>YORKSHIRE AND HUMBER</b>																				
Barnsley	1	1	0	0	0	1	0	0	0	1	0	0	0	0	0	2	1	0	1	0
Bradford	18	16	2	1	8	7	2	0	0	17	0	1	0	0	9	5	5	5	1	0
Calderdale	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Doncaster	9	6	3	1	4	2	1	1	0	8	1	0	0	0	3	3	2	1	2	0
East Riding of Yorkshire	3	2	1	0	0	3	0	0	0	3	0	0	0	0	1	1	0	0	0	0
Kingston upon Hull	13	11	2	1	3	5	3	0	1	11	0	0	0	2	9	1	2	0	1	0
Kirklees	13	12	1	0	5	6	2	0	0	11	0	0	2	0	6	5	1	2	1	0
Leeds	31	21	10	2	7	9	7	3	3	28	0	0	0	3	11	4	6	3	2	0
North East Lincolnshire	10	8	2	0	5	4	1	0	0	4	0	0	0	6	5	5	5	0	1	0
North Lincolnshire	5	4	1	3	0	1	0	1	0	2	0	0	0	3	1	3	0	0	0	0
North Yorkshire	4	2	2	1	1	1	1	0	0	4	0	0	0	0	3	0	2	0	0	0
Rotherham	2	2	0	0	0	1	1	0	0	2	0	0	0	0	1	1	1	0	0	0
Sheffield	13	8	5	1	2	6	2	2	0	13	0	0	0	0	1	7	4	0	0	1
Wakefield	19	14	5	5	2	6	5	1	0	15	0	0	0	4	3	5	6	0	0	0
York*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>EAST MIDLANDS</b>																				
Derby	6	5	1	0	2	1	3	0	0	4	0	1	0	1	1	1	1	0	2	0
Derbyshire	18	17	1	2	5	6	4	1	0	15	0	0	0	3	7	5	6	0	1	0
Leicester	7	5	2	1	2	3	1	0	0	3	0	1	0	3	2	2	2	1	1	1
Leicestershire*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lincolnshire	6	4	2	0	2	2	1	0	1	6	0	0	0	0	2	3	4	0	0	0
Northamptonshire	20	14	6	2	9	4	4	1	0	20	0	0	0	0	8	7	2	1	2	0
Nottingham	2	2	0	1	1	0	0	0	0	1	1	0	0	0	1	1	1	0	0	0
Nottinghamshire*	1	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0
Rutland*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>WEST MIDLANDS</b>																				
Birmingham*	10	7	3	1	2	2	2	2	1	7	0	1	0	2	6	5	2	2	0	0
Coventry	1	1	0	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Dudley*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Herefordshire	3	2	1	0	0	2	1	0	0	2	0	0	0	1	2	1	0	0	0	0
Sandwell	1	1	0	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Shropshire*	5	5	0	1	3	1	0	0	0	2	0	0	0	2	2	1	1	0	0	0
Solihull*	2	1	1	0	0	0	2	0	0	1	0	0	0	1	1	0	0	0	0	0
Staffordshire	24	14	10	1	7	10	2	2	2	23	0	0	1	0	6	6	5	0	0	0
Stoke-on-Trent	9	8	1	0	2	4	3	0	0	7	0	0	0	2	3	6	1	0	1	0
Telford and Wrekin	8	6	2	0	3	3	0	1	1	8	0	0	0	0	4	1	0	2	1	0
Walsall*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Warwickshire*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wolverhampton	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Worcestershire	3	3	0	0	1	2	0	0	0	2	0	0	0	1	1	3	0	0	0	0
<b>EAST</b>																				
Bedfordshire	24	19	5	3	8	6	2	3	2	20	0	0	0	4	3	6	3	3	0	0
Cambridgeshire	1	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Essex	8	5	3	0	3	3	2	0	0	6	0	0	0	2	2	2	2	1	0	0
Hertfordshire	21	14	7	2	5	9	2	1	2	4	0	0	1	16	8	1	3	3	1	0
Luton	2	1	1	0	0	0	0	1	1	2	0	0	0	0	1	0	1	0	0	0
Norfolk	23	16	7	2	11	6	4	0	0	3	0	0	0	20	9	6	2	1	0	0

Drug and Alcohol Action Team	N o	Gender		Age group						Ethnicity					Main Drug Strategy drug implicated					
	Total	Male	Female	15-24	25-34	35-44	45-54	55-64	>64	White	Black	Asian	Other	Not known	Heroin/ morphine	Methadone	Hypnotics/ sedatives	Cocaine	Amphetamine	Ecstasy-type
Peterborough	3	2	1	0	1	1	1	0	0	2	0	0	1	0	1	2	2	0	0	0
Southend-on-Sea	8	5	3	1	2	2	2	0	1	8	0	0	0	0	4	1	2	2	0	0
Suffolk	15	8	7	0	4	7	2	2	0	11	0	0	0	4	4	5	0	0	0	0
Thurrock	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LONDON																				
Inner London																				
Camden	14	9	5	0	4	5	5	0	0	7	1	0	1	5	6	7	1	2	0	0
City of London	2	2	0	0	0	1	1	0	0	2	0	0	0	0	1	1	1	1	0	0
Hackney	6	4	2	0	3	1	2	0	0	2	1	0	1	2	2	1	0	2	0	1
Hammersmith and Fulham	20	15	5	1	8	6	3	2	0	9	5	0	2	4	1	3	3	4	0	1
Haringey	2	2	0	1	0	1	0	0	0	2	0	0	0	0	1	0	0	0	0	0
Islington	15	12	3	1	3	5	2	2	2	13	0	0	0	2	3	4	5	1	0	0
Kensington and Chelsea	1	1	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0
Lambeth	13	12	1	2	4	5	2	0	0	7	2	0	2	2	6	0	1	1	1	1
Lewisham	3	2	1	1	1	1	0	0	0	0	0	1	0	2	2	0	0	1	0	0
Newham	2	2	0	0	0	2	0	0	0	2	0	0	0	0	2	0	0	0	0	0
Southwark	10	7	3	0	3	3	3	1	0	7	1	0	2	0	4	3	1	0	0	0
Tower Hamlets	11	9	2	2	5	2	2	0	0	7	1	1	0	2	8	2	2	2	0	0
Wandsworth	2	2	0	0	1	1	0	0	0	0	0	0	0	2	0	0	0	1	0	0
Westminster	11	7	4	0	3	2	3	2	1	7	1	0	0	3	3	3	4	3	0	0
Outer London																				
Barking and Dagenham	2	2	0	0	0	1	1	0	0	1	0	0	0	1	1	1	2	1	0	0
Barnet	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bexley	3	0	3	0	2	0	1	0	0	1	0	0	0	2	3	2	0	0	0	0
Brent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bromley	1	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0
Croydon	4	2	2	1	2	0	1	0	0	1	0	1	0	2	0	0	1	1	0	0
Ealing	10	9	1	1	3	2	1	3	0	4	1	1	1	3	2	1	3	2	0	0
Enfield	2	2	0	0	2	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0
Greenwich	6	5	1	0	1	3	2	0	0	4	1	0	0	1	2	1	1	1	0	0
Harrow	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Havering	2	2	0	0	0	1	1	0	0	2	0	0	0	0	2	1	0	0	0	0
Hillingdon	17	11	6	2	2	3	3	3	4	8	1	2	0	6	3	1	1	2	0	0
Hounslow	17	15	2	0	2	8	5	2	0	10	0	5	0	2	3	4	2	0	1	0
Kingston-upon-Thames	4	3	1	0	1	1	1	1	0	2	0	0	1	1	0	1	0	0	0	0
Merton	1	1	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Redbridge	2	1	1	0	0	1	1	0	0	1	0	0	0	1	0	1	0	0	0	0
Richmond-upon-Thames	12	8	4	0	1	5	3	2	1	7	1	1	0	3	2	1	3	1	0	0
Sutton	2	1	1	0	0	0	1	1	0	2	0	0	0	0	0	1	0	0	0	0
Waltham Forest	3	3	0	0	2	0	1	0	0	2	1	0	0	0	2	0	0	1	0	0
SOUTH EAST																				
Bracknell Forest	1	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0
Brighton and Hove	35	23	12	6	4	11	7	5	2	33	0	0	1	1	13	7	13	5	0	2
Buckinghamshire	8	8	0	0	5	3	0	0	0	5	1	0	0	2	3	3	2	0	0	0
East Sussex	21	15	6	3	2	5	7	3	1	21	0	0	0	0	9	3	7	1	0	1
Hampshire	40	24	16	1	7	18	8	3	3	40	0	0	0	0	9	6	4	2	2	0
Isle of Wight	5	3	2	1	2	2	0	0	0	4	0	0	0	1	2	0	1	0	0	0
Kent*	31	26	5	5	6	8	6	5	1	6	0	0	0	25	9	5	4	4	0	0
Medway towns	1	1	0	0	0	1	0	0	0	0	0	0	0	1	0	1	1	0	0	0
Milton Keynes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Drug and Alcohol Action Team	N o	Gender		Age group						Ethnicity					Main Drug Strategy drug implicated					
	Total	Male	Female	15-24	25-34	35-44	45-54	55-64	>64	White	Black	Asian	Other	Not known	Heroin/ morphine	Methadone	Hypnotics/ sedatives	Cocaine	Amphetamine	Ecstasy-type
Oxfordshire	11	8	3	3	3	3	1	1	0	9	0	1	0	1	5	2	0	1	0	0
Portsmouth	19	13	6	1	3	6	4	2	3	19	0	0	0	0	5	4	1	1	2	0
Reading	5	1	4	1	1	1	1	1	0	0	0	0	0	5	2	1	2	0	0	0
Slough	6	4	2	0	1	3	2	0	0	1	0	0	1	4	2	3	0	3	0	0
Southampton	10	10	0	1	5	1	1	1	1	9	0	0	0	1	3	1	3	2	2	0
Surrey	29	20	9	3	8	5	5	4	4	8	0	0	0	21	6	5	5	2	0	0
West Berkshire	1	1	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0
West Sussex	14	11	3	2	3	4	2	1	2	10	0	0	0	4	7	3	2	3	0	0
Windsor and Maidenhead	3	3	0	0	2	1	0	0	0	0	0	0	0	3	1	0	0	0	0	0
Wokingham	2	2	0	0	1	0	0	1	0	0	0	0	0	2	0	0	0	1	0	0
<b>SOUTH WEST</b>																				
Bath and North East Somerset*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bournemouth	15	10	5	1	4	5	3	1	1	13	1	0	0	2	7	3	2	2	0	0
Bristol*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cornwall & Isles of Scilly	29	22	7	2	10	4	7	6	0	20	0	0	1	8	9	4	3	0	0	0
Devon	25	18	7	1	5	10	6	1	2	15	0	0	0	10	8	1	7	0	0	0
Dorset	6	4	2	0	2	2	0	0	2	5	0	0	0	1	3	1	1	0	0	0
Gloucestershire	3	3	0	0	1	2	0	0	0	3	0	0	0	0	2	0	0	0	0	0
North Somerset*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Plymouth	10	10	0	0	3	3	1	3	0	1	0	0	0	9	6	4	4	0	0	0
Poole	4	4	0	1	1	0	1	0	1	4	0	0	0	0	2	1	2	0	0	0
Somerset	15	10	5	3	6	2	3	1	0	10	0	0	0	5	8	4	1	0	0	0
South Gloucestershire*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Swindon	3	3	0	0	0	1	2	0	0	3	0	0	0	0	1	0	0	0	0	0
Torbay	5	4	1	0	3	2	0	0	0	5	0	0	0	0	3	3	2	0	0	0
Wiltshire	8	7	1	2	2	3	1	0	0	8	0	0	0	0	4	1	1	0	0	0

Note: In addition there were a number of cases that could not be allocated to specific DA(A)T areas because they were of no fixed abode and/or the jurisdiction in which the inquest was held covers more than one DA(A)T. Some cases were usually resident outside the UK. Some DA(A)Ts are covered by coroner's jurisdictions that did not submit information (or only partial information) to the np-SAD; they are marked thus - \*.

Table F: np-SAD cases in 2010 by Primary Care Trust and Strategic Health Authority areas in England (16 years and over)

Area	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
<b>ENGLAND (SHA and PCT)</b>				
<b>NORTH EAST SHA*</b>	84	3.91	87	4.05
County Durham	5	1.18	3	0.71
Darlington	1	1.23	1	1.23
Gateshead	6	3.80	6	3.80
Hartlepool	2	2.73	4	5.46
Middlesbrough	16	13.96	17	14.83
Newcastle-upon-Tyne	1	0.41	2	0.81
North Tyneside*	5	3.06	15	3.06
Northumberland	7	2.70	8	3.09
Redcar and Cleveland	7	6.21	7	6.21
South Tyneside	2	1.57	2	1.57
Stockton on Tees Teaching	15	9.66	14	9.02
Sunderland Teaching	17	7.25	18	7.67
<b>NORTH WEST SHA*</b>	329	5.84	326	5.78
Ashton, Leigh and Wigan	12	4.81	11	4.41
Blackburn with Darwen	11	10.37	10	9.43
Blackpool	14	12.25	16	14.00
Bolton	17	8.06	17	8.06
Bury	5	3.41	5	3.41
Central and Eastern Cheshire*	9	2.41	9	2.41
Central Lancashire	18	4.80	18	4.80
Cumbria Teaching	15	3.65	13	3.17
Halton and St Helens	6	2.50	6	2.50
Heywood, Middleton and Rochdale	6	3.71	6	3.71
Knowsley	1	0.84	1	0.84
Lancashire East	27	8.88	24	7.89
Liverpool	34	9.18	33	8.91
Manchester	46	11.18	47	11.42
North Lancashire Teaching	15	5.44	15	5.44
Oldham	4	2.34	4	2.34
Salford	15	8.00	16	8.53
Sefton	3	1.33	3	1.33
Stockport	12	5.18	12	5.18
Tameside and Glossop	20	9.90	20	9.90
Trafford	12	6.89	13	7.46
Warrington	6	3.73	6	3.73
Western Cheshire*	8	4.15	8	4.15
Wirral	13	5.20	13	5.20
<b>YORKSHIRE AND HUMBER SHA*</b>	141	3.26	141	3.26
Barnsley	1	0.54	2	1.08
Bradford and Airedale Teaching	18	4.54	17	4.28
Calderdale	0	0.00	0	0.00
Doncaster	9	3.82	8	3.40
East Riding of Yorkshire	3	1.06	2	0.71
Kirklees	13	3.99	13	3.99
Leeds	31	4.67	35	5.27
NHS Hull	13	5.99	15	6.91

Area	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
North East Lincolnshire Care Trust Plus	10	7.79	10	7.79
North Lincolnshire	5	3.90	5	3.90
North Yorkshire and York*	4	0.60	3	0.45
Rotherham	2	0.97	2	0.97
Sheffield	13	2.82	11	2.38
Wakefield District	19	7.15	18	6.77
<b>EAST MIDLANDS SHA*</b>	<b>60</b>	<b>1.64</b>	<b>59</b>	<b>1.61</b>
Bassetlaw*	0	0.00	0	0.00
Derby City	6	3.00	7	3.51
Derbyshire	18	3.00	19	3.17
Leicester City	7	2.88	5	2.06
Leicestershire County and Rutland*	0	0.00	0	0.00
NHS Lincolnshire	6	1.03	5	0.86
NHS Northamptonshire	20	3.63	21	3.81
Nottingham City	2	0.78	1	0.39
Nottinghamshire County Teaching*	1	0.18	1	0.18
<b>WEST MIDLANDS SHA*</b>	<b>66</b>	<b>1.50</b>	<b>68</b>	<b>1.55</b>
Birmingham East and North*	2	0.63	2	0.63
Coventry Teaching	1	0.39	2	0.78
Dudley*	0	0.00	0	0.00
Heart of Birmingham Teaching*	3	1.39	4	1.86
Herefordshire	3	2.02	3	2.02
North Staffordshire	4	2.27	3	1.70
Sandwell	1	0.43	1	0.43
Shropshire County*	5	2.07	6	2.48
Solihull*	2	1.20	3	1.80
South Birmingham*	5	1.80	3	1.08
South Staffordshire	20	3.99	21	4.19
Stoke-on-Trent	9	4.48	11	5.48
Telford and Wrekin	8	6.18	6	4.63
Walsall Teaching*	0	0.00	0	0.00
Warwickshire*	0	0.00	0	0.00
Wolverhampton City	0	0.00	0	0.00
Worcestershire	3	0.66	3	0.66
<b>EAST OF ENGLAND SHA</b>	<b>105</b>	<b>2.22</b>	<b>106</b>	<b>2.24</b>
Bedfordshire	24	7.17	22	6.58
Cambridgeshire	1	0.20	1	0.20
Hertfordshire	21	2.37	22	2.48
Great Yarmouth and Waveney	9	5.05	9	5.051
Luton	2	1.29	4	2.59
Mid Essex	4	1.32	3	0.99
Norfolk	17	2.66	19	2.98
North East Essex	1	0.37	2	0.73
Peterborough	3	2.19	3	2.19
South East Essex	9	3.27	9	3.27
South West Essex	2	0.61	2	0.61
Suffolk	12	2.45	10	2.04
West Essex	0	0.00	0	0.00

Area	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
<b>LONDON SHA</b>	200	3.18	202	3.21
Barking and Dagenham	2	1.48	2	1.48
Barnet	0	0.00	0	0.00
Bexley	3	1.65	1	0.55
Brent Teaching	0	0.00	0	0.00
Bromley	1	0.40	0	0.00
Camden	14	7.02	14	7.02
City and Hackney Teaching	8	4.39	11	6.04
Croydon	4	1.46	3	1.10
Ealing	10	3.90	14	5.46
Enfield	2	0.87	3	1.30
Greenwich Teaching	6	3.34	6	3.34
Hammersmith and Fulham	20	14.22	18	12.80
Haringey Teaching	2	1.11	1	0.55
Harrow	0	0.00	0	0.00
Havering	2	1.04	1	0.52
Hillingdon	17	8.03	17	8.03
Hounslow	17	8.94	17	8.94
Islington	15	9.20	17	10.42
Kensington and Chelsea	1	0.71	0	0.00
Kingston	4	2.89	6	4.34
Lambeth	13	5.54	17	7.25
Lewisham	3	1.41	4	1.88
Newham	2	1.11	2	1.11
Redbridge	2	0.95	2	0.95
Richmond and Twickenham	12	7.85	9	5.89
Southwark	10	4.23	9	3.81
Sutton and Merton	3	0.92	1	0.31
Tower Hamlets	11	5.77	10	5.24
Waltham Forest	3	1.69	2	1.13
Wandsworth	2	0.83	2	0.83
Westminster	11	5.00	13	5.91
<b>SOUTH EAST COAST SHA*</b>	131	3.68	134	3.76
Brighton and Hove City	35	16.11	35	16.11
East Sussex Downs and Weald	12	4.34	11	3.97
Eastern and Coastal Kent*	19	3.15	20	3.31
Hastings and Rother	9	6.09	10	6.77
Medway	1	0.49	1	0.49
Surrey	29	3.23	30	3.34
West Kent*	12	2.18	11	2.00
West Sussex	14	2.14	16	2.45
<b>SOUTH CENTRAL SHA</b>	111	3.31	103	3.07
Berkshire East	10	3.09	7	2.16
Berkshire West	8	2.11	9	2.37
Buckinghamshire	8	1.97	6	1.47
Hampshire	40	3.79	34	3.22
Milton Keynes	0	0.00	0	0.00
NHS Isle of Wight	5	4.25	5	4.25
Oxfordshire	11	2.17	9	1.77
Portsmouth City Teaching	19	11.00	20	11.57
Southampton City	10	4.97	13	6.45



Area	National and annual death rate per 100,000 population – usual area of residence		National and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
<b>SOUTH WEST SHA</b>	123	2.83	126	2.90
Bath and North East Somerset*	0	0.00	0	0.00
Bournemouth and Poole Teaching	19	7.33	19	7.33
Cornwall & Isles of Scilly	29	6.50	32	7.17
Devon	25	4.00	25	4.00
Dorset	6	1.79	6	1.79
Gloucestershire	3	0.62	3	0.62
NHS Bristol*	0	0.00	0	0.00
North Somerset*	0	0.00	0	0.00
Plymouth Teaching	10	4.65	9	4.19
Somerset	15	3.49	16	3.72
South Gloucestershire*	0	0.00	0	0.00
Swindon	3	1.81	3	1.81
Torbay Care Trust	5	4.46	4	3.57
Wiltshire	8	2.16	9	2.43

Note: In addition there were a number of cases that could not be allocated to specific PCT areas because they were of no fixed abode and/or the jurisdiction in which the inquest was held covers more than one PCT. Some cases were usually resident outside the UK. Some PCTs are covered by coroner's jurisdictions that did not submit information (or only partial information) to the np-SAD; they are marked thus - \*.

## Chapter 2: “Drug misuse” deaths in England using the Drug Strategy definition

This chapter considers cases meeting the definition used to monitor the Government’s drug strategy, i.e. “drug-misuse”.

biological substances; and (v) Mental and behavioural disorders due to use of volatile solvents (F18). For full details see Appendix 2.

The definition comprises two types of deaths. Firstly, deaths where the underlying cause of death is mental and/or behavioural disorders due to psychoactive substance use (excluding alcohol, tobacco and volatile solvents). Secondly, deaths coded to the following categories **and** where a drug controlled under the Misuse of Drugs Act 1971 was mentioned on the death record: (i) Accidental poisoning by drugs, medicaments and biological substances; (ii) Intentional self-poisoning by drugs, medicaments and biological substances; Poisoning by drugs, medicaments and biological substances, undetermined intent; (iv) Assault by drugs, medicaments and

To derive these cases, the following two categories of cases are excluded from the np-SAD ones: (a) deaths of non-drug abusers where no Controlled Drugs were found at post mortem or where a specific compound analgesics was found at post mortem; and (b) deaths of drug abusers where no Controlled Drugs were found at post mortem or where a specific compound analgesics was found at post mortem and the mechanism of death was hanging, drowning, accident, etc. Of the 1,358 cases reported to the Programme for 2010, 71% (n = 968) met the criteria for classification as a “drug misuse” death.

### Profile of Drug Strategy cases

#### 1. Demography

Similar patterns were reported to previous years. Seventy-four percent of cases were male and 26% female (Table 2.1 and Figure 2.2). Just over half (54%) were unemployed.

Two-thirds (67%) of deaths occurred for those less than 45 years old. Nearly half (47%) lived alone, 40% lived with others, and 4% were of no fixed abode. Where ethnicity was known (n=688), the majority were White (94.3%); the rest were Black (1.7%), Asian (1.7%), and Other (2.3%).

**Table 2.1: Demographic characteristics of “drug misuse” deaths reported to np-SAD, England, 2010**

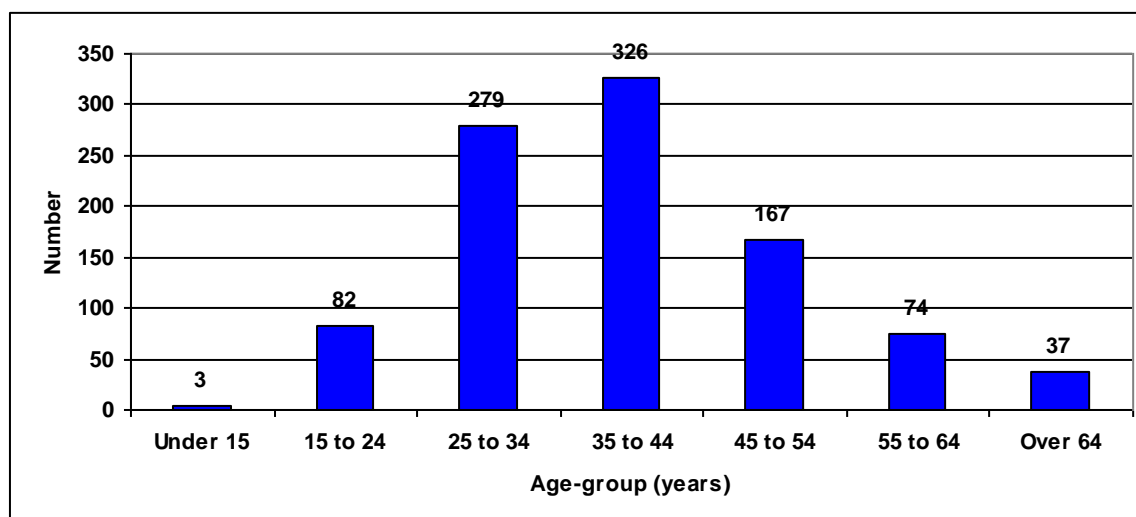
Variable	Category	Number (%)
Total		968 (100.0)
Gender	Male	720 (74.4)
	Female	248 (25.6)
Employment status	Unemployed	524 (54.1)
	Employed	242 (25.0)
	Childcare/house person	17 (1.8)
	Student	18 (1.9)
	Retired/sickness/invalidity	81 (8.4)
	Other	6 (0.6)
	Not known	80 (8.3)
Living arrangements	Alone	417 (43.1)
	With others	382 (39.5)
	No fixed abode	40 (4.1)
	Other	44 (4.5)
	Not known	85 (8.8)

## 2. Age

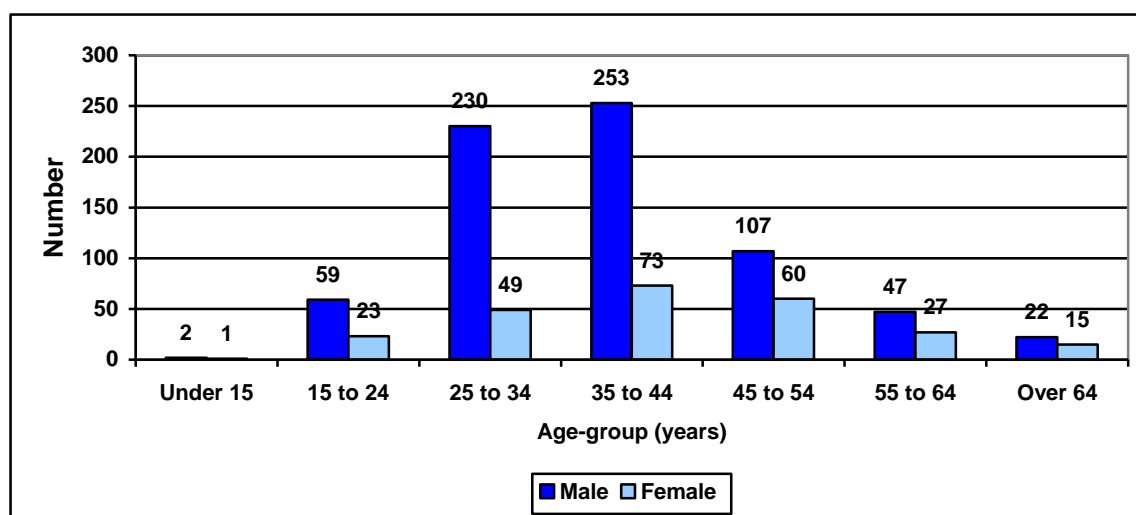
Most deaths in England during 2010 occurred amongst those aged 35 years and over (62%), one-quarter (29%) were aged 25-34, and only 8% were 15-24 years old, and less than one percent for those less than 15 years of age

(Figure 2.1). The median age at death was 38.5 years (semi-inter quartile range = 7.7). Older male, White drug users are at most risk of drug-related deaths (Bird *et al.*, 2003; Ghodse *et al.*, 2009).

**Figure 2.1: “Drug misuse” deaths reported to np-SAD by age-group, England, 2010**



**Figure 2.2: “Drug misuse” deaths reported to np-SAD by age-group and gender, England, 2010**



## 3. Location of death

In 2010, nearly four-fifths (79%) died either at the deceased's home address or other private residential address, about one-seventh (14%) died in hospital and the remainder (7%) died elsewhere (e.g. public open space, public facilities or railway station).

## 4. Underlying cause(s) of death

The categories of underlying cause of death (based on ICD-10 codes) were as follows:

- Accidental poisoning (X40-X47): 75.1%

- Intentional self-poisoning (X60-X67): 10.1%
- Poisonings of undetermined intent (Y10-Y14): 10.3%
- Other (e.g. natural causes, drowning, hanging, unascertained): 4.5%

Males were significantly more likely than females to die of accidental poisoning (78% vs. 67%) (*Proportion Ratio PR*: = 1.2, 95% *Confidence Interval CI*: = 1.1 - 1.3). Females, by contrast, were significantly more likely than males to die of intentional self-poisoning (18% vs. 8%) (*PR* = 2.4, 95% *CI* = 1.6 - 3.4), and poisoning of undetermined intent (12% vs. 10%) (*PR* = 1.2, 95% *CI* = 0.8 - 1.9).

Deaths of those aged less than 45 years were more likely than older cases to die of accidental poisoning (81% vs. 61%) (*PR* = 1.2, 95% *CI* = 1.1 - 1.3). Those aged 45 years or over were more likely than younger cases to die of intentional self-poisoning (21% vs. 6%) (*PR* = 2.2, 95% *CI* = 1.5 - 3.2), and poisoning of undetermined intent (13% vs. 9%) (*PR* = 1.3, 95% *CI* = 0.9 - 2.0).

## 5. Manner of death

The manner of death in these cases was as follows:

- Natural: 0.5%
- Accidental: 78.2%
- Suicidal: 10.5%
- Homicidal: 0.1%
- Undetermined: 10.0%
- Unclassified/not specified: 0.6%

Males were more likely than females to die an accidental death (81% vs. 69%) (*PR* = 1.3, 95% *CI* = 1.2 - 1.5). Conversely, females were more likely than males to die of suicide (18% vs. 8%) (*PR* = 3.6, 95% *CI* = 2.5 - 5.3), or a death where the manner was undetermined (12% vs. 9%) (*PR* = 1.5, 95% *CI* = 1.0 - 2.1).

Cases aged less than 45 years were more likely than older cases to die accidentally (84% vs. 64%) (*PR* = 1.3, 95% *CI* = 1.2 - 1.4). Those aged 45 years or over were more likely than younger cases to die intentionally (21% vs. 6%) (*PR* = 3.2, 95% *CI* = 2.3 - 4.7), or in a manner that was undetermined (13% vs. 9%) (*PR* = 1.5, 95% *CI* = 1.0 - 2.2).

## Substances implicated in death

### 1. All substances

Of the 968 cases reported, 955 were directly related to psychoactive drugs. One percent (n 13) were not included, as no psychoactive drug was implicated in the cause of death, however there could be a history of drug abuse. The principal substances implicated in drug-related deaths were: heroin/morphine (46%) and alcohol in combination with other drugs (33%).

Age and substances implicated followed similar patterns as previously reported; heroin/morphine (51.5%) was most frequently implicated amongst those aged 15-44 years, although at a lower rate than in 2009 (65.0%). In those aged 45 years and over, other

Other classes of drugs making a sizeable contribution (10% or over) to deaths were: methadone (31%); Hypnotics/sedatives (24%); other opiates/ opioid analgesics (26%); anti-depressants (15%) and cocaine (10%). Heroin/morphine as the sole implicated drug accounted for 14% of deaths (Table 2.2).

opiates/opiate analgesics (35.0%) was most frequently implicated, followed by heroin/morphine (32.8%), hypnotics/sedatives (30.3%), methadone (29.2%) and alcohol-in-combination (29.2%). See Table 2.3 for further details.

**Table 2.2: Psychoactive substances implicated in “drug misuse” deaths reported to np-SAD, England, 2010**

Drug category	Number (%) of cases where no other substance was implicated	Number (%) of cases where drug was implicated
Total of cases with psychoactive drug implicated	955 (100.0)	955 (100.0)
Alcohol-in-combination(1)	-	310 (32.5)
Amphetamines	14 (1.5)	33 (3.5)
Anti-depressants	10 (1.0)	142 (14.9)
Anti-epileptics	1 (0.1)	15 (1.6)
Anti-Parkinson's	0 (0.0)	1 (0.1)
Anti-psychotics	4 (0.4)	27 (2.8)
Cannabis	1 (0.1)	12 (1.3)
Cocaine	25 (2.6)	99 (10.4)
Ecstasy-type drugs	4 (0.4)	8 (0.8)
GHB	6 (0.6)	13 (1.4)
Heroin/morphine	132 (13.8)	441 (46.2)
Hypnotic/sedatives	11 (1.2)	230 (24.1)
Methadone	86 (9.0)	299 (31.3)
Other opiates/opioid analgesics	42 (4.4)	246 (25.8)
(1) Alcohol on its own does not meet the criteria for a “drug misuse” case.		

**Table 2.3: Age-group and psychoactive substance implicated in “drug misuse” deaths reported to np-SAD, England, 2010**

Age-group (years)	Number (%) where drug was implicated	Drug category (alone or in combination) most frequently implicated in each age group
All ages	955 (100.0)	Heroin/morphine (46.2%)
Under 15	3 (0.3)	Other opiates/opioid analgesics (66.7%)
15–24	82 (8.6)	Heroin/morphine (35.4%)
25–34	275 (28.8)	Heroin/morphine (58.9%)
35–44	324 (33.9)	Heroin/morphine (49.4%)
45–54	163 (17.1)	Methadone (38.7%)
55–64	73 (7.6)	Other opiates/opioid analgesics (31.5%) Alcohol-in-combination (31.5%)
65 & over	35 (3.7)	Other opiates/opioid analgesics (48.6%)

The pattern of substance-specific fatality is somewhat different in male and female cases. Among males, the most frequently mentioned substances were: heroin/morphine (50%); alcohol-in-combination (34%); methadone (30%); hypnotics/sedatives (25%); other opiates/opioid analgesics (23%); anti-depressants (11%) and cocaine (11%). Furthermore, there is a higher proportion of cases of drug-specific fatality among males

compared to females in respect of heroin/morphine, hypnotics/sedatives, cannabis, anti-psychotics, cocaine, alcohol-in-combination, and GHB.

Among female cases, the most frequently mentioned substances were: other opiates/opioid analgesics (34%); heroin/morphine (33%); methadone (33%); alcohol-in-combination (28%); anti-depressants (24%);

and hypnotics/sedatives (21%). Amongst females, there is a greater proportion of cases involving methadone, amphetamines, ecstasy-type substances, anti-depressants, other opiates/ opioid analgesics, and anti-Parkinson's.

## 2. Polysubstances

Over the past decade, one-fifth (19%) of drug-related deaths has involved heroin/morphine in combination with alcohol. Eight percent of deaths involved other opiates/opioid analgesics combined with alcohol, and in 8.5% of deaths heroin/morphine and other opiates/opioid analgesics were combined. Opiates and opioids including heroin/morphine accounted for 80% of deaths where a psychoactive substance was involved. This pattern has remained stable over the past decade. The combination of heroin/morphine and other opiates/opioid analgesics fluctuated between 6% and 14% over the past ten years.

The most prevalent substance combinations implicated during 2001-10 were: heroin/morphine with alcohol (19%); heroin/morphine with hypnotics/sedatives (10.5%); and hypnotics/sedatives with alcohol (9%). Over the last decade alcohol-in-combination with two other stimulants did not feature (0.5%) compared to alcohol with one stimulant (6%). Combinations of drugs, with or without alcohol, pose greater risks for mortality (Ghodse *et al.*, 2010).

The most frequent combinations of prescribed psychoactive drugs in 2001 were also the most common in 2010. However, no single drug combination exceeded more than 6%. Prescribed hypnotics/sedatives in combination with anti-depressants accounted for 5.4% of cases in 2001 and 6.3% in 2010. Hypnotics/sedatives in combination with other opiates/opioid analgesics accounted for 4.8% of cases in 2001 compared to 4.1% in 2010. Again, hypnotics/sedatives together with anti-psychotics accounted for 2.6% in 2001 and 2.3% of cases in 2010. Methadone and hypnotics/sedatives accounted for 2.6% of cases in 2001 and 4.0% in 2010. There was also a slight increase in the proportion of cases involving both methadone and anti-depressants from 1.3% in 2001 to 3.4% in 2010.

## 3. Single substances

In 2010, the following substances, as the sole implicated drug, accounted for 336 (35%) deaths: heroin/morphine (14%); methadone (9%); other opiates/opioid analgesics (4%); cocaine (2.6%); amphetamines (1.5%); hypnotics/sedatives (1.2%); anti-depressants (1.0%); GHB (0.6%); ecstasy-type drugs (0.4%); anti-psychotics (0.4%); cannabis (0.1%) and anti-epileptics (0.1%).

## 4. Prescribed psychoactive drugs

Altogether, 554 cases (57%) were reported to be receiving prescribed psychoactive drugs at the time of their death 2010 (Table 2.4). Within this group, the most commonly prescribed medications were anti-depressants (55%) followed by hypnotics/ sedatives (45%); other opiates/opioid analgesics (30%); anti-psychotics (19%) and methadone (19%).

'Polypharmacy', i.e. multiple prescriptions of psychoactive drugs, occurred in 75% (414/554) of cases. The proportions of these "drug misuse" cases prescribed hypnotics/sedatives, heroin/morphine, methadone, or other opiates/opioid analgesics were slightly higher than those meeting the np-SAD case criteria.

Prescribing medical history was directly related to age for those on prescribed medication at the time of their death. The result shows: under 15 (66.7%), 15-24 (39.0%), 25-34 (48.7%), 35-44 (61.3%), 45-54 (64.1%), 55-64 (66.2%), and 64 and over (75.7%). This is a very similar profile to that for np-SAD cases.

The following paragraphs take a closer look at the relationship between deaths and the involvement of prescribed medication.

Methadone, alone and in combination with other drugs, was implicated in 299 cases. Of these, 61% may have obtained methadone from illicit sources, compared to 39% who were known to be receiving prescribed methadone prior to their death ( $PR = 1.6$ , 95%  $CI = 1.3 - 1.8$ ). Methadone alone was implicated in 86 cases. Of these, 66% may have obtained the drug from illicit sources, compared to 34% who were known to be receiving prescribed methadone ( $PR = 2.0$ , 95%  $CI = 1.4 - 2.7$ ).

**Table 2.4: Prescribed psychoactive medication, “drug misuse” deaths reported to np-SAD, England, 2010**

Drug category	Number (%) of cases on prescribed psychoactive medication	Number (%) of cases where same drug was implicated in death
Total	554 (100.0)	
Amphetamines	2 (0.4)	1 (50.0)
Anti-depressants	307 (55.4)	95 (30.9)
Anti-epileptics	73 (13.2)	9 (12.3)
Anti-Parkinson's	9 (1.6)	0 (0.0)
Anti-psychotics	103 (18.6)	21 (20.4)
Heroin/morphine	36 (6.5)	28 (77.8)
Hypnotics/sedatives	249 (44.9)	97 (39.0)
Methadone	107 (19.3)	87 (81.3)
Other opiates/opioid analgesics	164 (29.6)	100 (61.0)
Note: Column totals may sum to more than 100% since more than one substance may be prescribed to an individual and more than one substance may be implicated in a death.		

Hypnotics/sedatives, alone and in combination with other drugs, were implicated in 230 cases. Of these, 58% may have obtained them illicitly, compared to the 42% who were known to be receiving a prescription for this class of drug ( $PR = 1.4$ , 95%  $CI = 1.1 - 1.7$ ). Eleven cases had hypnotics/sedatives alone implicated in their death, of whom 5 (45%) had received the drug on prescription, compared to 6 (55%) who may have obtained it illicitly ( $PR = 1.2$ , 95%  $CI = 0.5 - 2.8$ ).

Anti-depressants, alone and in combination with other drugs, were implicated in 142 cases. Of these, 67% were known to be receiving prescribed anti-depressants at the time of their death, compared to 33% who may have used drugs prescribed for others ( $PR = 2.0$ , 95%  $CI = 1.6 - 2.6$ ). Anti-depressants alone were implicated in 10 cases. Of these, 8

were known to be receiving prescribed anti-depressants, compared to 2 who may have used drugs prescribed for others ( $PR = 4.0$ , 95%  $CI = 1.1 - 14.4$ ).

Other opiates/opioid analgesics (e.g. dihydrocodeine, dextropropoxyphene) alone and in combination with other drugs, were implicated in 246 cases. Of these, 59% may have obtained the drug by other means, compared to the 41% who were known to be receiving prescribed opiate/opioid analgesics prior to their death ( $PR = 1.3$ , 95%  $CI = 1.1 - 1.6$ ). Other opiate/opioid analgesics alone were implicated in 42 cases. Of these, the drugs were prescribed in 52% of cases, 51% of cases, compared to 49% apparently being obtained by other means ( $PR = 1.1$ , 95%  $CI = 0.7 - 1.7$ ).

## Drug abuse/dependence

Where information was available on past or current history of drug abuse/dependence or recreational drug use, those with such a history (DAs) accounted for 76% ( $n = 566/742$ ). Those without such a history, non drug abusers (NDAs) accounted for 24% ( $n = 176$ ). Two hundred and twenty six cases (18%) were reported as “not known” with respect to history of drug abuse/dependence. These cases were excluded from further analysis.

### 1. Demography

The DA cases were more likely (79% compared to 61%) than non-DA cases to be male ( $PR = 1.3$ , 95%  $CI = 1.1 - 1.5$ ) and less than 45 years of age, 76% compared to 44% ( $PR = 1.7$ , 95%  $CI = 1.4 - 2.0$ ). The median age at death for DAs was 38.0 years (semi-interquartile range = 13.0), while that for NDAs was 45.5 years (semi-interquartile range = 13.9) ( $Mann-Whitney U = 39,770.5$ ,  $p < 0.0005$ ).

Where ethnicity was known, DA cases were slightly more likely than non-DAs to be White, 94.7% vs. 91.7% ( $PR = 1.0$ , 95%  $CI = 1.0 - 1.1$ ).

DA cases were more likely to live alone (45% vs. 38%) ( $PR = 1.2$ , 95%  $CI = 1.0 - 1.5$ ) or be of no fixed abode, 5% vs. 1%, ( $PR = 4.4$ , 95%  $CI = 1.0 - 18.1$ ) than non-DAs. The latter were more likely to live with others, 52% vs. 7%,  $PR = 1.4$ , 95%  $CI = 1.2 - 1.7$ .

DA cases were more likely to be unemployed, 65% vs. 27%, ( $PR = 2.4$ , 95%  $CI = 1.9 - 3.0$ ). Non-DA cases were more likely to be employed, 32% compared to 22%, ( $PR = 1.5$ , 95%  $CI = 1.1 - 1.9$ ) or to be retired/receiving benefits, 23% compared to 6%, ( $PR = 2.4$ , 95%  $CI = 1.9 - 3.0$ ).

## 2. Location of death

There was no significant difference between DAs (79%) and NDAs (80%) with respect to the location of their death. In both groups the majority died at home or in a defined residential address. Hospital deaths accounted

for an identical proportion of both DA (15%) and NDA (13%) deaths. Similar proportions of DAs (6.0%) died in temporary accommodation or in public places as did NDAs (5.7%).

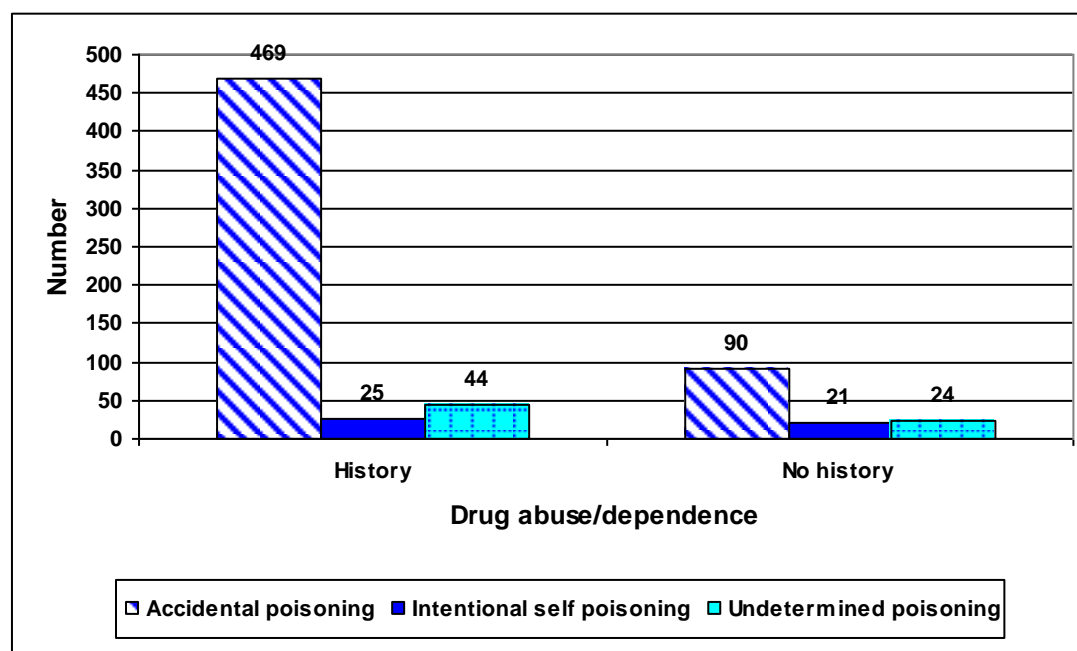
## 3. Underlying cause(s) of death

DAs were more likely than NDAs to die of accidental poisoning, (83% vs. 51%) ( $PR = 1.6$ , 95%  $CI = 1.4 - 1.9$ ) - see Figure 2.3. NDAs, by contrast, were more likely than DAs to die of intentional self-poisoning (12% vs. 4%) ( $PR = 2.7$ , 95%  $CI = 1.6 - 4.7$ ), and poisoning of undetermined intent (14% vs. 8%) ( $PR = 1.7$ , 95%  $CI = 1.1 - 2.8$ ).

## 4. Manner of death

A similar pattern is exhibited with regard to manner of death. DAs were more likely than NDAs to die an accidental death (87% vs. 53%) ( $PR = 1.6$ , 95%  $CI = 1.4 - 1.9$ ). Conversely, NDAs were more likely than DAs to die of suicide (31% vs. 5%) ( $PR = 6.8$ , 95%  $CI = 4.4 - 10.5$ ), or a death where the manner was undetermined (14% vs. 7%) ( $PR = 1.8$ , 95%  $CI = 1.1 - 2.9$ ).

**Figure 2.3: Principal underlying cause(s) of death by drug abuse/dependence history, “drug misuse” deaths, England, 2010**





## Other aspects

Information on other aspects of the decedents' circumstances was also reported on the np-SAD data collection form; such as release from prison, anthrax, hepatitis and HIV/AIDS status. These are illustrated below.

### 6.1 Release from prison and other risks

Details of only 9 cases were provided in 2010 (52 in 2009) of persons who had been in prison at some time. Most of them had been released from prison recently, typically dying on the same day they left prison or within days of their release. As in previous years, the principal substances implicated were opiates or synthetic opioids. In addition, there was one fatality following discharge from detoxification treatment.

Injecting status was known in 250 cases; of these 104 (42%) were injectors.

### 6.2 Hepatitis and HIV/AIDS

Altogether, 11 cases were identified where hepatitis C played a role in death: in four cases it was implicated in the cause of death, and in seven cases it was a contributory factor. This condition is often caused by injecting drug use. The role of this vector in spreading disease is also evidenced by a fatal case of septicaemia where injecting was

involved. There was another death from septicaemia, but there was no mention of injecting behaviour. In 2010 there were no instances of cases involving HIV/AIDS or botulism.

### 6.3 Anthrax

Whilst there were no cases reported by coroners of deaths resulting from injecting heroin contaminated with anthrax, six cases were included in the data from the Scottish Crime and Drug Enforcement Agency. These cases comprised: one male aged 24 in Fife; one male aged 28 and one female aged 26 in Lanarkshire; and three other cases in Dundee – males aged 41, 49 and 55. The typical course of death was septicaemia caused by the anthrax, leading to multi-organ failure.

The anthrax outbreak began in December 2009 and was thought to have been due to a contaminated batch of heroin. The Health Protection Agency (England) reported five cases resulting in four deaths (see <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Anthrax/AnthraxOutbreakInformation/>). There were 47 confirmed cases in Scotland, 13 of who died; the outbreak was declared over in Scotland on 23 December 2010 (HPA Scotland, 2011).

## Changes between 2009 and 2010

The following section compares deaths in 2010 with those that occurred in 2009. Deaths in 2010 are reported as 968. During the same time-frame in 2009, 1,152 cases were reported. This is a decrease in reporting of 16% in 2010. Figures for 2010 (and 2009, to a lesser extent) can be expected to increase as further inquests on drug-related deaths are completed and reported to the Programme.

### 1. Demography

Whilst there were small changes between 2009 and 2010, the demographic profile of cases remained stable with no significant changes in median age, addiction history, ethnicity, employment status and living arrangements distributions. However the proportion of males decreased from 81% to 74%. A small increase was observed in the proportion of deaths occurring in residential premises (from 75% to 79%), with a fall in hospital deaths (from 17% to 14%). The proportion of those living alone or of no fixed abode rose from 45% to 51%.

### 2. Underlying cause(s) of death

The proportion of accidental deaths fell to 75% in 2010 (81% in 2009). Intentional self-poisoning deaths increased slightly from 7.7% in 2009 to 10.1% in 2010, poisonings of undetermined intent rose from 8.2% to 10.3%, and deaths from other causes increased slightly from 3.4% to 4.5%.

### 3. Manner of death

The patterns observed for underlying cause(s) of death were echoed for the manner of death.

There was a small decrease in the proportion of accidental deaths from 82% to 78%, and a small increase in suicides from 7.8% to 10.5%, for undetermined cases from 7.9% to 10.0%.

## 4. Substances implicated in death

### 4.1 Multiple substances

In 2010 there were 955/968 deaths that involved psychoactive substances; 13 cases were excluded from the following analyses as they did not involve psychoactive substances. The number of 2009 cases examined was 1,144/1152. Despite a large fall in numbers, heroin/morphine remained the most frequently mentioned substance in 2010 (46%), having been implicated in 60% of deaths in 2009. There were increases both in the number and proportion of mentions for amphetamines, ecstasy-type drugs, anti-epileptics, anti-depressants, anti-Parkinson's, anti-psychotics, methadone, and other opiates/opioid analgesics (Table 2.4). These patterns are identical to those for np-SAD cases.

### 4.2 Single substance

There were slight changes between 2009 and 2010 in the proportions accounted for by fatalities involving a single psychoactive substance. There were decreases in the proportions accounted for by heroin, cannabis, anti-depressants, and other opiates/opioid analgesics. There were increases for all other substances, notably methadone (Table 2.5). Identical patterns are observed for np-SAD cases.

**Table 2.4: Changes in percentages of psychoactive substances implicated in multiple substance “drug misuse” deaths, England, 2009 and 2010**

Substance	2009 (N = 1,144) ‡	2010 (N = 955)	Percentage Ratio (PR)	95% CI	Change (percentage points)
Alcohol-in-combination	33.9	32.5	1.0	0.9 - 1.2	- 1.4
Amphetamines	2.8	3.5	1.2	0.8 - 2.0	+ 0.7
Anti-depressants	11.0	14.9	1.4	1.0 - 1.3	+ 3.9
Anti-epileptics	1.0	1.6	1.6	0.8 - 3.5	+ 0.6
Anti-Parkinson's	0.2	0.1	1.7	0.2 - 18.4	- 0.1
Anti-psychotics	1.8	2.8	1.5	0.8 - 2.7	+ 1.0
Cannabis	1.4	1.3	1.1	0.5 - 2.3	- 0.1
Cocaine	11.4	10.4	1.1	0.9 - 1.4	- 1.0
Ecstasy-type drugs	0.3	0.8	2.4	0.7 - 7.9	+ 0.5
GHB/GBL	1.2	1.4	1.1	0.5 - 2.3	+ 0.2
Heroin/morphine	60.1	46.2	1.3	1.2 - 1.4	- 13.9
Hypnotics/sedatives	21.0	24.1	1.1	1.0 - 1.3	+ 3.1
Methadone	23.9	31.3	1.3	1.1 - 1.5	+ 7.4
Other opiates/ opioid analgesics	20.2	25.8	1.3	1.1 - 1.5	+ 5.6

Note: Column totals may sum to more than 100% since more than one substance may be implicated in a death.  
 ‡ The PR and CI are based on the year on year 2009 figure

**Table 2.5: Changes in percentages of psychoactive substances implicated in single substance “drug misuse” deaths, England, 2009 and 2010**

Substance	2009 (N = 1,144) ‡	2010 (N = 955)	Percentage Ratio (PR)	95% CI	Change (percentage points)
Amphetamines	1.3	1.5	1.1	0.5 - 2.3	+ 0.2
Anti-depressants	1.6	1.0	1.5	0.7 - 3.2	- 0.6
Anti-epileptics	0.0	0.1	-	-	+ 0.1
Anti-Parkinson's	0.0	0.0	-	-	-
Anti-psychotics	0.3	0.4	1.6	0.4 - 7.1	+ 0.1
Cannabis	0.2	0.1	1.7	0.2 - 18.4	- 0.1
Cocaine	2.1	2.6	1.2	0.7 - 2.1	+ 0.5
Ecstasy-type drugs	0.1	0.4	4.8	0.5 - 42.8	+ 0.3
GHB/GBL	0.4	0.6	1.4	0.4 - 4.7	+ 0.2
Heroin/morphine	20.5	13.8	1.5	1.2 - 1.8	- 6.7
Hypnotics/sedatives	1.0	1.2	1.2	0.5 - 2.8	+ 0.2
Methadone	4.7	9.0	1.9	1.4 - 2.7	+ 4.3
Other opiates/ opioid analgesics	4.2	4.4	1.0	0.7 - 1.6	+ 0.2

† On average approximately 300 cases of inquest from the year of death are not completed and are added to next year.  
 ‡ The PR and CI are based on the year on year 2009 figure



## Ten-year trends in death 2001-2010

This section examines deaths that occurred between 2001 and 2010 using the “drug misuse” definition used to monitor the Government’s drug strategy. The analysis is based on a ‘panel’ approach, that is, only areas which reported in every single year of the 2001-10 ten-year period were examined.

This selection has resulted in a different panel to that reported on in the previous annual report. The results for this year cannot be compared with previous reports.

Eighty-three coronial areas (total = 102) are represented, accounting for 81.5% of all cases reported. In all, a total of 11,417 cases meet the criteria for inclusion in the sample analysed here, for the ten-year period.

This method had been adopted as it enhances the statistical robustness of the findings and the conclusions that can be derived from them.

**Table 2.7: Demographic characteristics of “drug misuse” deaths reported to np-SAD, panel of coroners’ areas, 2001-2010**

Variable	Category	Number (%)
Total		11,417 (100.0)
Gender	Male	8,844 (77.5)
	Female	2,573 (22.5)
Employment status	Unemployed	5,994 (52.5)
	Employed	3,304 (28.9)
	Childcare/house person	162 (1.4)
	Student	213 (1.9)
	Retired/sickness/invalidity	940 (8.2)
	Other	79 (0.7)
	Not known	725 (6.4)
Living arrangements	Alone	4,483 (39.3)
	With others	4,794 (42.0)
	No fixed abode	646 (5.7)
	Other	611 (5.4)
	Not known	883 (7.7)
History of drug use	History	7,724 (67.7)
	No history	2,101 (18.4)
	Not known	1,592 (13.9)
Place of death	Defined residential address	7,804 (68.4)
	Hospital	2,594 (22.7)
	Other locations	956 (8.4)
	Not specified	63 (0.6)
Ethnicity	White	8,548 (74.9)
	Black	196 (1.7)
	Asian	116 (1.0)
	Other	195 (1.7)
	Not known	2,362 (20.7)

### 1. Demography

Summary information for some of the key demographics is given in Table 2.7 for the period as a whole. The information has not been broken down by year since there was very little variation either across the decade or in terms of changes from year-to-year. Previous annual reports have noted the

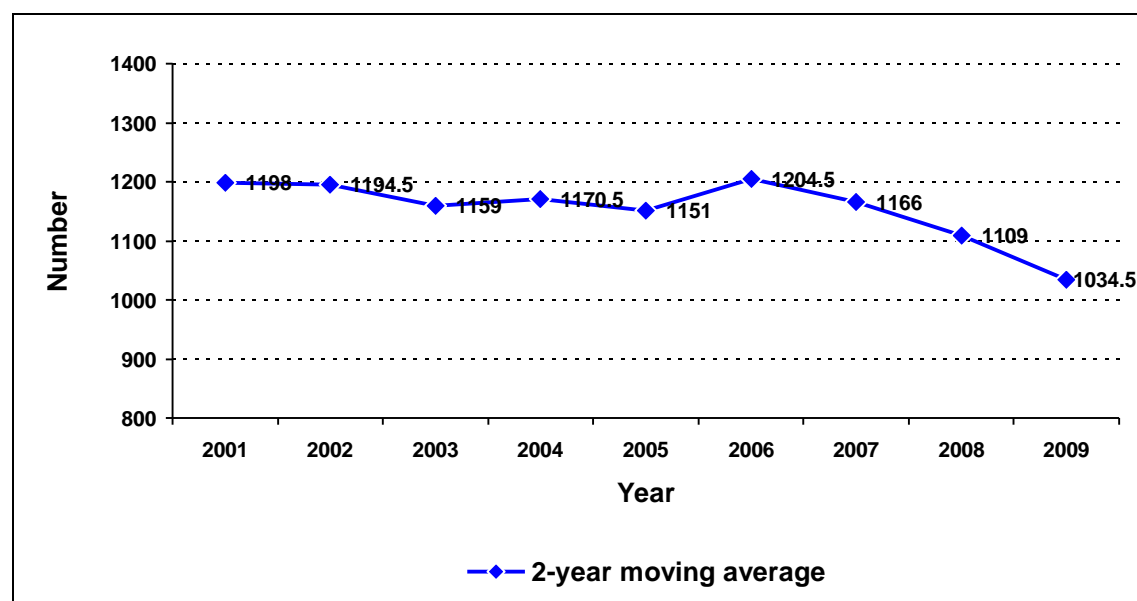
consistency in many of these attributes over time especially in terms of the proportion of ethnic groups represented, those aged less than 45 years, gender, living arrangements, employment status, place of death, and manner of death.

Figure 2.6 shows the trend (using a 2-year moving average) in the number of deaths

meeting the 'drug misuse' criteria for the Drug Strategy definition that occurred in a panel of English coronial areas from 2001 to 2010. The number of deaths fell steadily from a peak in 2001 to 2005 before rising again by 2006-7, followed by a decline. Although this decrease appears to continue in the last year or so, this

fall may not be as pronounced as the graph indicates, as more inquests relating to deaths in 2009 and 2010 are completed and notified to the Programme. Upward revisions to figures for these two years reported on should be expected.

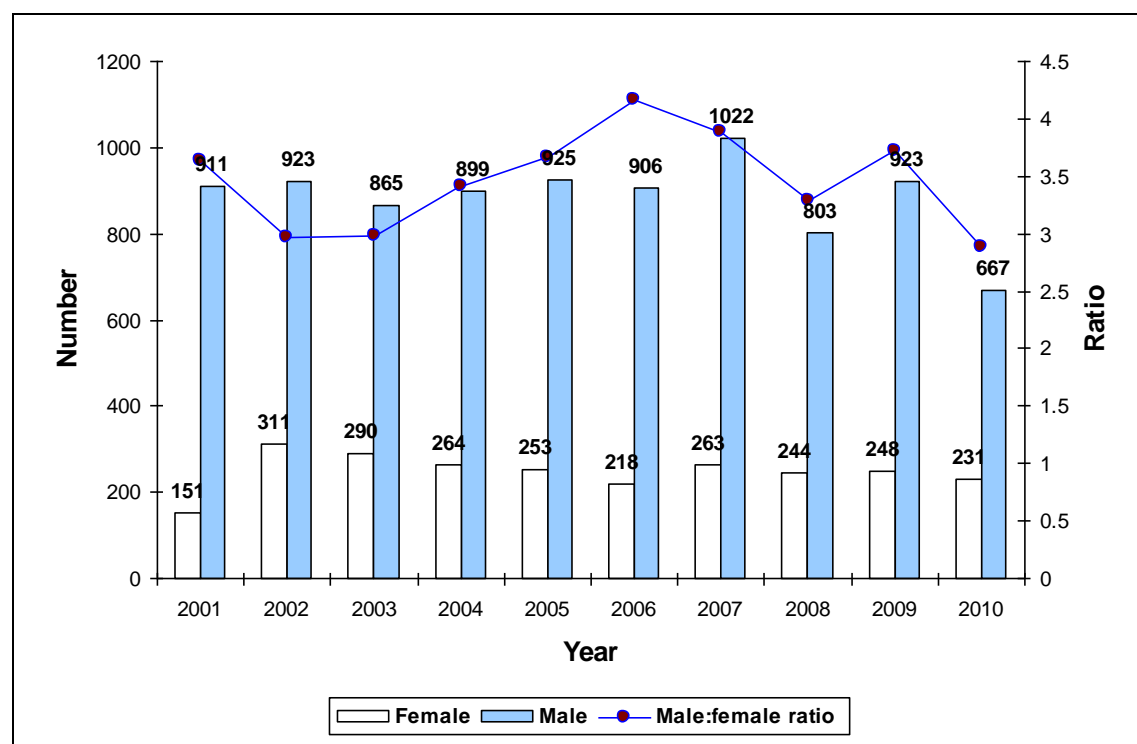
**Figure 2.6: Trend in number of “drug misuse” deaths reported to np-SAD, selected panel of coronial areas, 2001-2010**



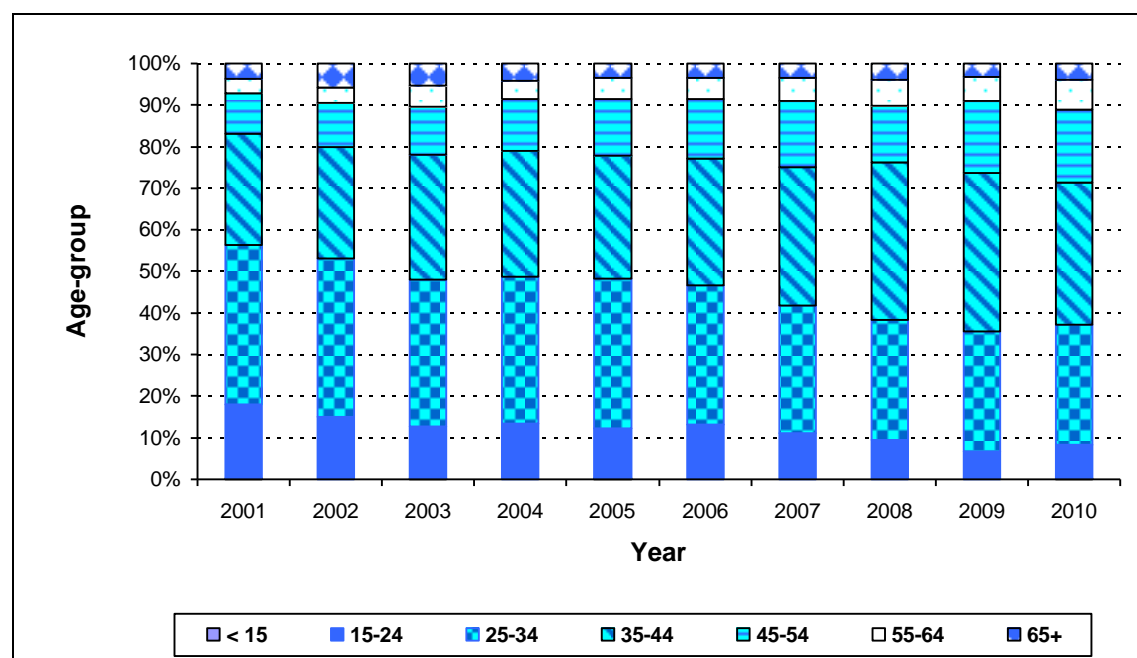
The number of cases broken down by gender is presented in Figure 2.7. There have been some fluctuations in the male:female ratio (range 2.9:1 to 4.2) over the decade; there was a gradual increase up to 2006 followed by a general decline. Overall, there were 13 deaths of individuals aged less than 15 years, with 3 in 2010. The number of deaths amongst those aged 15 to 24 years tended to fall over time, as did those in the 25-34 age-group (Figure 2.8). An increasing proportion of deaths were accounted for by those in the 35-

44 and 45-54 age-groups, and to a lesser extent in the 55-64 age-group. In the oldest age-group (65 years and over) there was a fairly stable pattern of death. The median age at death increased progressively year on year from 33.4 to 38.6 years between 2001 and 2010. Where known, the proportion of cases with a known history of drug abuse or dependence fell from 86% to 76% over the decade, although there were year-to-year variations.

**Figure 2.7: Trend in number of “drug misuse” deaths reported to np-SAD, selected panel of coronial areas, by gender, 2001-2010**



**Figure 2.8: Trend in proportion accounted for by age-group of “drug misuse” deaths reported to np-SAD, selected panel of coronial areas, 2001-2010**

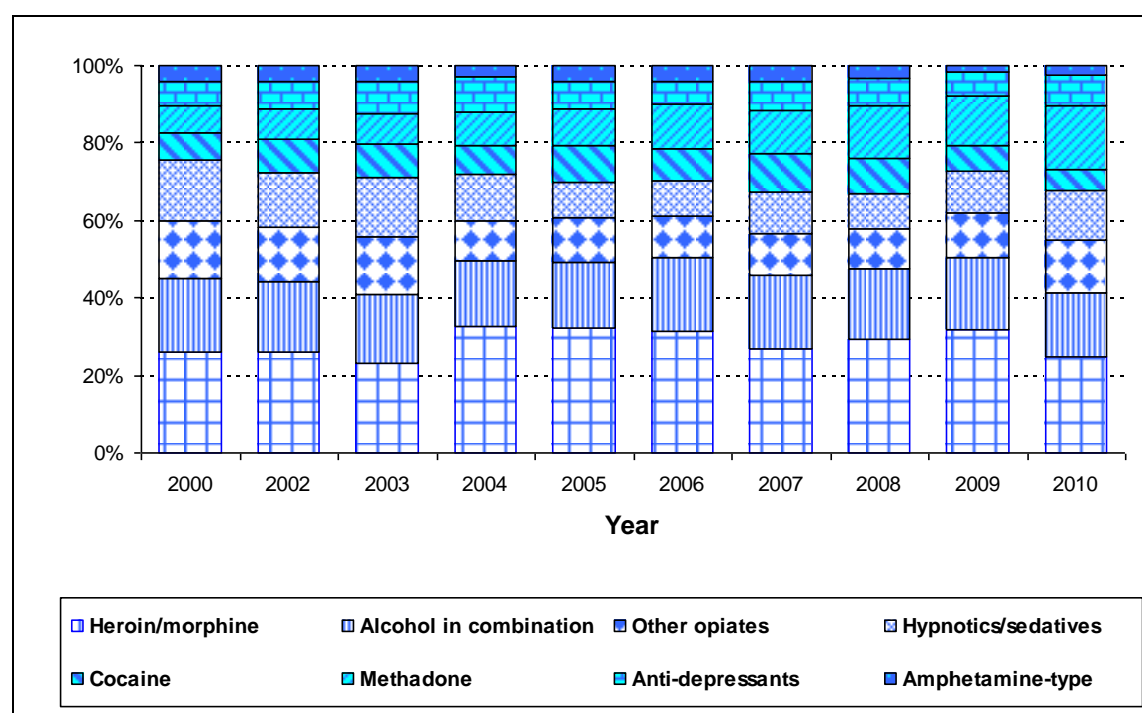


## 2. Substances implicated in death

Figure 2.9 shows the substances most commonly implicated, whether alone or in combination, in death. The figure indicates the proportion of selected substances implicated in death rather than the proportion of cases in which the substances is involved. Overall, heroin/morphine (28.5%) accounted for the largest proportion of these selected substances, followed by alcohol-in-combination (18.1%), other opiates/opioid analgesics (12.4%), and hypnotics/sedatives

(12.0%). The other most frequently implicated drugs were: methadone (10.4%), cocaine (8.1%), anti-depressants (7.0%), and amphetamine-type substances (amphetamine, MDMA, etc: 3.6%). These proportions did not change dramatically over time, although there appears to have been a recent decline in the contribution made by amphetamine-type substances, and an increasing presence of methadone.

**Figure 2.9: Trend in substances implicated in “drug misuse” deaths reported to np-SAD, selected panel of coronial areas in England, 2001-2010**





## Breakdowns for English regions

This section provides information by different geographical units for deaths of those aged 16 years and older. Tables G and I provide rates by DA(A)T and Primary Care Trust areas respectively per 100,000 population; and H gives detailed breakdowns by key aspects (gender, age, ethnicity, drug implicated) by DA(A)T area.

Tables J, K and L provide a profile of cases in the English regions which are the same as the National Treatment Agency's areas. The annual rate of 'drug misuse' deaths per 100,000 population ranged from 1.20 in the West Midlands to 4.06 in the North West. [The rates in most English regions are affected by incomplete geographical coverage, and thus these rates should be regarded as minimum ones.] The proportion of males ranged from 69.4% to 82.1%. The North East and South East appear to have proportionately more deaths in the 15-24 year age-group than other regions. Where ethnicity is known, most deaths amongst

minority communities appear to occur in the following regions: West Midlands; London; and the South East. However, numbers are low. The proportion of cases with a known history of drug use or addiction ranges from 49.1% to 67.9%.

In each region, the overall profile of drugs commonly implicated in death is consistent with the national picture. However, there appear to be some drugs with a higher presence in some regions compared to others. For example, other heroin/morphine was implicated in three-fifths of cases in the South West compared with just over one-third in the East Midlands; the highest proportion of cocaine cases was in London (16.8%) contrasted with 1.2% in the South West; and hypnotics/sedatives were involved in 49.1% of deaths in the North East compared to only 15.1% in the West Midlands. Suicides appear to be more common in London, the South East and South West of England.

**Table G: “Drug misuse” cases in 2010 by Drug and Alcohol Action Team area (16 years and over) – number and rate per 100,000 population**

Drug and Alcohol Action Team	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
<b>ENGLAND</b>				
<b>NORTH EAST</b>				
County Durham	4	0.95	3	0.71
Darlington	1	1.23	1	1.23
Gateshead	6	3.80	6	3.80
Hartlepool	2	2.73	3	4.09
Middlesbrough	8	7.06	9	7.94
Newcastle upon Tyne	1	0.41	2	0.82
North Tyneside*	5	3.06	5	3.06
Northumberland	5	1.93	6	2.32
Redcar and Cleveland	2	1.78	2	1.78
South Tyneside	2	1.57	2	1.57
Stockton on Tees	10	6.45	9	5.81
Sunderland	8	3.42	9	3.84
<b>NORTH WEST</b>				
Blackburn with Darwen	11	10.38	10	9.44
Blackpool	12	10.51	14	12.26
Bolton	10	4.75	10	4.75
Bury	5	3.41	5	3.41
Cheshire*	8	1.41	8	1.41
Cumbria	10	2.44	9	2.19
Halton	2	2.11	2	2.11
Knowsley	1	0.84	1	0.84
Lancashire	40	4.19	37	3.88
Liverpool	23	6.24	22	5.97
Manchester	33	8.06	34	8.31
Oldham	3	1.75	3	1.75
Rochdale	6	3.71	6	3.71
Salford	12	6.42	12	6.42
Sefton	3	1.33	3	1.33
St Helens	2	1.38	2	1.38
Stockport	8	3.45	8	3.45
Tameside	8	4.59	9	5.16
Trafford	6	3.44	6	3.44
Warrington	4	2.49	4	2.49
Wigan	8	3.20	7	2.80
Wirral	13	5.20	13	5.20
<b>YORKSHIRE AND HUMBER</b>				
Barnsley	1	0.54	1	0.54
Bradford	15	3.78	14	3.53
Calderdale	0	0.00	0	0.00
Doncaster	7	2.98	6	2.55
East Riding of Yorkshire	2	0.71	1	0.35
Kingston upon Hull	11	5.08	13	6.00
Kirklees	8	2.46	8	2.46
Leeds	19	2.87	22	3.32
North East Lincolnshire	10	7.86	10	7.86
North Lincolnshire	5	3.80	5	3.80

Drug and Alcohol Action Team	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
North Yorkshire	4	0.81	3	0.61
Rotherham	2	0.97	2	0.97
Sheffield	10	2.17	8	1.74
Wakefield	12	4.52	12	4.52
York*	-	-	-	-
<b>EAST MIDLANDS</b>				
Derby	6	3.01	6	3.01
Derbyshire	16	2.55	17	2.71
Leicester	7	2.89	5	2.06
Leicestershire*	0	0.00	0	0.00
Lincolnshire	5	0.86	4	0.69
Northamptonshire	18	3.27	19	3.45
Nottingham	0	0.00	0	0.00
Nottinghamshire*	1	0.16	1	0.16
Rutland*	0	0.00	0	0.00
<b>WEST MIDLANDS</b>				
Birmingham*	10	1.24	9	1.11
Coventry	1	0.39	2	0.79
Dudley*	0	0.00	0	0.00
Herefordshire	3	2.02	4	2.70
Sandwell	1	0.43	1	0.43
Shropshire*	5	2.07	6	2.48
Solihull*	1	0.60	2	1.20
Staffordshire	14	2.05	13	1.90
Stoke-on-Trent	8	4.13	10	5.17
Telford and Wrekin	7	5.41	5	3.87
Walsall*	0	0.00	0	0.00
Warwickshire*	0	0.00	0	0.00
Wolverhampton	0	0.00	0	0.00
Worcestershire	3	0.66	3	0.66
<b>EAST</b>				
Bedfordshire	16	4.78	15	4.48
Cambridgeshire*	0	0.00	1	0.20
Essex	6	0.52	5	0.44
Hertfordshire	16	1.80	16	1.80
Luton	2	1.30	3	1.94
Norfolk	20	2.78	22	3.06
Peterborough	3	2.19	3	2.19
Southend-on-Sea	6	4.49	7	5.24
Suffolk	11	1.87	10	1.70
Thurrock	0	0.00	0	0.00
<b>LONDON</b>				
<b>Inner London</b>				
Camden	13	6.54	13	6.54
City of London	1	9.23	1	9.23
Hackney	5	2.92	8	4.67
Hammersmith and Fulham	11	7.82	11	7.82
Haringey	1	0.56	1	0.56
Islington	13	7.99	14	8.60
Kensington and Chelsea	1	0.71	0	0.00
Lambeth	12	5.12	15	6.40

Drug and Alcohol Action Team	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
Lewisham	3	1.41	4	1.88
Newham	2	1.11	2	1.11
Southwark	7	2.96	7	2.96
Tower Hamlets	9	4.73	8	4.21
Wandsworth	1	0.41	1	0.41
Westminster	9	4.10	10	4.56
<b>Outer London</b>				
Barking and Dagenham	2	1.48	2	1.48
Barnet	0	0.00	0	0.00
Bexley	3	1.65	1	0.55
Brent	0	0.00	0	0.00
Bromley	1	0.40	0	0.00
Croydon	1	0.37	2	0.73
Ealing	5	1.95	6	2.34
Enfield	2	0.87	3	1.30
Greenwich	5	2.79	5	2.79
Harrow	0	0.00	0	0.00
Havering	2	1.04	1	0.52
Hillingdon	7	3.31	7	3.31
Hounslow	9	4.74	9	4.74
Kingston-upon-Thames	0	0.00	1	0.72
Merton	0	0.00	0	0.00
Redbridge	1	0.47	1	0.47
Richmond-upon-Thames	7	4.58	5	3.27
Sutton	2	1.29	1	0.64
Waltham Forest	3	1.70	2	1.13
<b>SOUTH EAST</b>				
Bracknell Forest	0	0.00	0	0.00
Brighton and Hove	24	11.08	22	10.15
Buckinghamshire	6	1.51	5	1.26
East Sussex	17	4.00	17	4.00
Hampshire	19	1.80	16	1.52
Isle of Wight	2	1.70	2	1.70
Kent*	24	2.08	24	2.08
Medway towns	1	0.49	1	0.49
Milton Keynes	0	0.00	0	0.00
Oxfordshire	7	1.33	5	0.95
Portsmouth	10	5.82	11	6.40
Reading	5	3.96	5	3.96
Slough	4	3.90	3	2.93
Southampton	6	2.99	8	3.99
Surrey	22	2.42	23	2.53
West Berkshire	1	0.82	1	0.82
West Sussex	13	1.99	15	2.29
Windsor and Maidenhead	2	1.71	2	1.71
Wokingham	2	1.52	2	1.52
<b>SOUTH WEST</b>				
Bath and North East Somerset*	0	0.00	0	0.00
Bournemouth	13	9.19	13	9.19
Bristol*	0	0.00	0	0.00
Cornwall & Isles of Scilly	14	3.14	16	3.59
Devon	14	2.24	14	2.24

Drug and Alcohol Action Team	National and annual death rate per 100,000 population – usual area of residence		National and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
Dorset	5	1.49	5	1.49
Gloucestershire	3	0.62	4	0.82
North Somerset*	0	0.00	0	0.00
Plymouth	10	4.71	9	4.24
Poole	4	3.46	4	3.46
Somerset	10	8.00	11	2.56
South Gloucestershire*	0	0.00	0	0.00
Swindon	2	1.23	2	1.23
Torbay	4	3.57	3	2.68
Wiltshire	5	1.35	5	1.35

Note: In addition there were a number of cases that could not be allocated to specific DA(A)T areas because they were of no fixed abode and/or the jurisdiction in which the inquest was held covers more than one DA(A)T. Some cases were usually resident outside the UK. Some DA(A)Ts are covered by coroner's jurisdictions that did not submit information or only partial information) to the np-SAD; they are marked thus - \*.

**Table H: “Drug misuse” cases in 2010 by Drug and Alcohol Action Team area (16 years and over) – demographics and drugs implicated**

Drug and Alcohol Action Team	No	Gender		Age group						Ethnicity					Main Drug Strategy drug implicated					
		Male	Female	15-24	25-34	35-44	45-54	55-64	>64	White	Black	Asian	Other	Not known	Heroin/ morphine	Methadone	Hypnotics/ sedatives	Cocaine	Amphetamine	Ecstasy-type
<b>ENGLAND</b>																				
<b>NORTH EAST</b>																				
County Durham	4	4	0	0	0	2	0	2	0	1	0	0	0	3	2	0	2	0	0	0
Darlington	1	1	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0
Gateshead	6	3	3	1	4	1	0	0	0	6	0	0	0	0	3	4	4	0	0	0
Hartlepool	2	2	0	0	0	2	0	0	0	2	0	0	0	0	2	0	0	0	0	0
Middlesbrough	8	5	3	2	1	2	2	1	0	8	0	0	0	0	5	2	1	0	0	0
Newcastle upon Tyne	1	0	1	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0
North Tyneside*	5	4	1	0	3	1	0	1	0	5	0	0	0	0	3	0	3	0	0	0
Northumberland	5	4	1	0	1	1	3	0	0	5	0	0	0	0	1	1	5	1	0	0
Redcar and Cleveland	2	2	0	0	0	1	0	1	0	2	0	0	0	0	1	0	1	0	0	0
South Tyneside	2	2	0	2	0	0	0	0	0	2	0	0	0	0	0	0	2	0	0	0
Stockton on Tees	10	7	3	0	6	2	0	2	0	10	0	0	0	0	5	4	6	0	0	0
Sunderland	8	5	3	1	3	2	1	1	0	8	0	0	0	0	3	1	3	0	1	0
<b>NORTH WEST</b>																				
Blackburn with Darwen	11	5	6	1	1	2	5	1	1	11	0	0	0	0	4	2	7	1	2	0
Blackpool	12	8	4	0	7	1	2	1	1	12	0	0	0	0	7	3	0	1	0	0
Bolton	10	9	1	2	4	4	0	0	0	7	0	0	0	3	6	5	3	2	1	0
Bury	5	4	1	0	3	2	0	0	0	4	0	1	0	0	5	0	0	0	0	0
Cheshire*	8	7	1	0	3	2	3	0	0	4	0	0	0	4	4	2	1	0	0	0
Cumbria	10	8	2	2	2	3	3	0	0	10	0	0	0	0	7	2	2	0	0	0
Halton	2	2	0	0	0	2	0	0	0	1	0	0	0	1	1	0	0	1	0	0
Knowsley	1	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
Lancashire	40	34	6	4	11	12	9	3	1	10	0	0	0	30	18	15	12	1	2	0
Liverpool	23	13	10	3	5	7	6	2	0	21	0	0	0	2	10	6	5	10	1	0
Manchester	33	23	10	2	5	12	5	7	2	22	0	1	1	9	9	18	2	2	0	0
Oldham	3	2	1	0	1	2	0	0	0	1	0	0	0	2	2	2	0	0	0	0
Rochdale	6	6	0	0	3	2	0	1	0	0	0	0	0	6	1	4	0	0	0	0
Salford	12	7	5	0	2	7	2	1	0	2	0	0	0	10	5	4	2	0	1	0
Sefton	3	3	0	0	1	2	0	0	0	3	0	0	0	0	2	2	1	1	0	0
St. Helens	2	0	2	0	0	2	0	0	0	2	0	0	0	0	2	1	1	0	0	0
Stockport	8	5	3	1	3	3	0	1	0	6	0	0	0	2	5	3	3	1	0	0
Tameside	8	4	4	0	2	4	0	0	2	4	0	0	0	4	1	1	4	1	0	0
Trafford	6	4	2	0	3	1	1	1	0	4	0	0	0	2	0	3	0	1	1	0
Warrington	4	1	3	0	1	1	1	0	1	2	0	0	0	2	1	1	0	0	0	0
Wigan	8	4	4	1	1	5	0	0	1	2	0	0	0	6	1	2	1	0	1	0
Wirral	13	9	4	0	2	5	5	1	0	7	0	0	0	6	5	8	4	3	0	0

Drug and Alcohol Action Team	N o	Gender		Age group						Ethnicity					Main Drug Strategy drug implicated					
	Total	Male	Female	15-24	25-34	35-44	45-54	55-64	>64	White	Black	Asian	Other	Not known	Heroin/ morphine	Methadone	Hypnotics/ sedatives	Cocaine	Amphetamine	Ecstasy-type
<b>YORKSHIRE AND HUMBER</b>																				
Barnsley	1	1	0	0	0	1	0	0	0	1	0	0	0	0	0	1	1	0	1	0
Bradford	15	13	2	0	7	6	2	0	0	14	0	1	0	0	9	4	5	5	1	0
Calderdale	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Doncaster	7	4	3	1	3	1	1	1	0	6	1	0	0	0	3	3	1	1	2	0
East Riding of Yorkshire	2	2	0	0	0	2	0	0	0	2	0	0	0	0	1	1	0	0	0	0
Kingston upon Hull	11	10	1	0	3	5	2	0	1	9	0	0	0	2	9	1	2	0	1	0
Kirklees	8	8	0	0	4	4	0	0	0	7	0	0	1	0	6	4	1	2	1	0
Leeds	19	12	7	1	4	8	4	1	1	16	0	0	0	3	11	4	6	2	2	0
North East Lincolnshire	10	8	2	0	5	4	1	0	0	4	0	0	0	6	5	5	5	0	1	0
North Lincolnshire	5	4	1	3	0	1	0	1	0	2	0	0	0	3	1	3	0	0	0	0
North Yorkshire	4	2	2	1	1	1	1	0	0	4	0	0	0	0	3	0	2	0	0	0
Rotherham	2	2	0	0	0	1	1	0	0	2	0	0	0	0	1	1	1	0	0	0
Sheffield	10	7	3	1	1	5	1	2	0	10	0	0	0	0	1	7	3	0	0	1
Wakefield	12	9	3	2	1	5	3	1	0	9	0	0	0	3	3	5	6	0	0	0
York*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>EAST MIDLANDS</b>																				
Derby	6	5	1	0	2	1	3	0	0	4	0	1	0	1	1	2	1	0	2	0
Derbyshire	16	16	0	2	4	6	4	0	0	13	0	0	0	3	7	4	6	0	1	0
Leicester	7	5	2	1	2	3	1	0	0	3	0	1	0	3	2	2	2	1	1	1
Leicestershire*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lincolnshire	5	3	2	0	2	2	1	0	0	5	0	0	0	0	2	3	3	0	0	0
Northamptonshire	18	13	5	1	9	3	4	1	0	18	0	0	0	0	8	7	2	1	1	0
Nottingham	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nottinghamshire*	1	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0
Rutland*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>WEST MIDLANDS</b>																				
Birmingham*	10	7	3	1	2	2	2	2	1	7	0	1	0	2	6	5	2	2	0	0
Coventry	1	1	0	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Dudley*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Herefordshire	3	1	2	0	0	2	1	0	0	2	0	0	0	1	2	1	0	0	0	0
Sandwell	1	1	0	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Shropshire*	5	5	0	1	3	1	0	0	0	3	0	0	0	2	2	1	1	0	0	0
Solihull*	1	0	1	0	0	0	1	0	0	1	0	0	0	0	1	0	0	0	0	0
Staffordshire	14	9	5	1	4	8	0	1	0	13	0	0	1	0	6	6	4	0	0	0
Stoke-on-Trent	8	4	4	0	1	4	3	0	0	6	0	0	0	2	3	6	1	0	1	0
Telford and Wrekin	7	5	2	0	3	3	0	1	0	7	0	0	0	0	4	1	0	2	1	0
Walsall*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Warwickshire*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wolverhampton	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Worcestershire	3	3	0	0	1	2	0	0	0	2	0	0	0	1	1	3	0	0	0	0
<b>EAST</b>																				
Bedfordshire	16	14	2	2	5	5	1	2	1	13	0	0	0	3	3	6	3	2	0	0
Cambridgeshire*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Essex	6	5	1	0	3	2	1	0	0	5	0	0	0	1	2	2	2	1	0	0
Hertfordshire	16	12	4	2	4	7	2	0	1	2	0	0	1	13	8	1	3	3	1	0
Luton	2	1	1	0	0	0	0	1	1	2	0	0	0	0	1	0	1	0	0	0
Norfolk	20	15	5	1	11	5	3	0	0	3	0	0	0	17	9	6	2	1	0	0

Drug and Alcohol Action Team	N o	Gender		Age group						Ethnicity					Main Drug Strategy drug implicated					
	Total	Male	Female	15-24	25-34	35-44	45-54	55-64	>64	White	Black	Asian	Other	Not known	Heroin/ morphine	Methadone	Hypnotics/ sedatives	Cocaine	Amphetamine	Ecstasy-type
Peterborough	3	1	2	0	1	1	1	0	0	2	0	0	1	0	1	2	2	0	0	0
Southend-on-Sea	6	4	2	1	1	2	2	0	0	6	0	0	0	0	4	1	2	2	0	0
Suffolk	11	6	5	0	2	7	1	1	0	8	0	0	0	3	4	5	0	0	0	0
Thurrock	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LONDON																				
Inner London																				
Camden	13	8	5	0	3	5	5	0	0	6	1	0	1	5	6	7	1	2	0	0
City of London	1	1	0	0	0	0	1	0	0	1	0	0	0	0	1	1	0	0	0	0
Hackney	5	4	1	0	3	1	1	0	0	2	1	0	1	1	2	1	0	2	0	1
Hammersmith and Fulham	11	8	3	0	4	4	1	2	0	4	1	0	2	4	1	3	3	2	0	1
Haringey	1	1	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Islington	13	11	2	1	3	4	2	1	2	12	0	0	0	1	3	4	5	1	0	0
Kensington and Chelsea	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lambeth	12	11	1	2	4	5	1	0	0	6	2	0	2	2	6	0	1	1	1	1
Lewisham	3	2	1	1	1	1	0	0	0	0	0	1	0	2	2	0	0	1	0	0
Newham	2	2	0	0	0	2	0	0	0	2	0	0	0	0	2	0	0	0	0	0
Southwark	7	6	1	0	3	3	1	0	0	6	0	0	1	0	4	3	1	0	0	0
Tower Hamlets	9	7	2	2	4	1	2	0	0	5	1	1	0	2	7	1	1	1	0	0
Wandsworth	1	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0
Westminster	9	6	3	0	2	2	3	1	1	6	1	0	0	2	3	3	3	3	0	0
Outer London																				
Barking and Dagenham	2	2	0	0	0	1	1	0	0	1	0	0	0	1	1	1	2	1	0	0
Barnet	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bexley	3	0	3	0	2	0	1	0	0	1	0	0	0	2	3	2	0	0	0	0
Brent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bromley	1	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0
Croydon	1	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0
Ealing	5	4	1	1	2	1	1	0	0	1	1	0	0	3	1	1	2	2	0	0
Enfield	2	2	0	0	2	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0
Greenwich	5	4	1	0	1	2	2	0	0	4	1	0	0	0	2	1	1	1	0	0
Harrow	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Havering	2	2	0	0	0	1	1	0	0	2	0	0	0	0	2	1	0	0	0	0
Hillingdon	7	6	1	1	2	1	1	0	2	4	0	1	0	2	3	1	0	2	0	0
Hounslow	9	7	2	0	1	4	4	0	0	7	2	0	0	0	3	4	2	0	1	0
Kingston-upon-Thames	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Merton	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Redbridge	1	0	1	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0
Richmond-upon-Thames	7	4	3	0	1	2	2	1	1	4	1	0	0	2	2	1	2	1	0	0
Sutton	2	1	1	0	0	0	1	1	0	2	0	0	0	0	0	1	0	0	0	0
Waltham Forest	3	3	0	0	2	0	1	0	0	2	1	0	0	0	2	0	0	1	0	0
SOUTH EAST																				
Bracknell Forest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brighton and Hove	24	16	8	5	4	9	4	1	1	23	0	0	1	0	12	7	11	3	0	2
Buckinghamshire	6	6	0	0	3	3	0	0	0	4	0	0	0	2	3	3	2	0	0	0
East Sussex	17	13	4	3	2	5	4	2	1	17	0	0	0	0	9	3	4	1	0	1
Hampshire	19	13	6	1	6	9	1	1	1	19	0	0	0	0	7	5	3	1	2	0
Isle of Wight	2	1	1	0	1	1	0	0	0	1	0	0	0	1	2	0	1	0	0	0
Kent*	24	20	4	3	5	6	5	4	1	4	0	0	0	20	9	5	3	4	0	0
Medway towns	1	1	0	0	0	1	0	0	0	0	0	0	0	1	0	1	1	0	0	0
Milton Kevnes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Drug and Alcohol Action Team	N o	Gender		Age group						Ethnicity					Main Drug Strategy drug implicated					
	Total	Male	Female	15-24	25-34	35-44	45-54	55-64	>64	White	Black	Asian	Other	Not known	Heroin/ morphine	Metadone	Hypnotics/ sedatives	Cocaine	Amphetamine	Ecstasy-type
Oxfordshire	7	5	2	2	3	1	1	0	0	5	0	1	0	1	4	1	0	1	0	0
Portsmouth	10	8	2	0	2	4	1	2	1	10	0	0	0	0	5	4	1	1	1	0
Reading	5	1	4	1	1	1	1	1	0	0	0	0	0	5	2	1	2	0	0	0
Slough	4	2	2	0	1	2	1	0	0	0	0	0	1	3	1	2	0	0	0	0
Southampton	6	6	0	0	3	0	1	1	1	6	0	0	0	0	3	1	3	2	1	0
Surrey	22	15	7	3	7	3	3	3	3	4	0	0	0	18	8	5	5	1	0	0
West Berkshire	1	1	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0
West Sussex	13	10	3	2	3	4	1	0	2	9	0	0	0	4	7	3	2	3	0	0
Windsor and Maidenhead	2	2	0	0	1	1	0	0	0	0	0	0	0	2	1	0	0	0	0	0
Wokingham	2	2	0	0	1	0	0	1	0	0	0	0	0	2	0	0	0	1	0	0
<b>SOUTH WEST</b>																				
Bath and North East Somerset*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bournemouth	13	8	5	1	3	5	2	1	1	11	0	0	0	2	7	3	2	1	0	0
Bristol*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cornwall & Isles of Scilly	14	12	2	0	6	2	3	3	0	10	0	0	1	3	9	4	2	0	0	0
Devon	14	12	2	0	2	7	3	1	1	9	0	0	0	5	8	1	6	0	0	0
Dorset	5	3	2	0	1	2	0	0	2	4	0	0	0	1	3	1	1	0	0	0
Gloucestershire	3	3	0	0	1	2	0	0	0	3	0	0	0	0	2	0	0	0	0	0
North Somerset*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Plymouth	10	10	0	0	3	3	1	3	0	1	0	0	0	9	6	4	4	0	0	0
Poole	4	4	0	1	1	0	1	0	1	4	0	0	0	0	2	1	2	0	0	0
Somerset	10	7	3	2	4	1	3	0	0	6	0	0	0	4	6	3	1	0	0	0
South Gloucestershire*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Swindon	2	2	0	0	0	1	1	0	0	2	0	0	0	0	1	0	0	0	0	0
Torbay	4	3	1	0	3	1	0	0	0	4	0	0	0	0	3	3	2	0	0	0
Wiltshire	5	5	0	1	1	3	0	0	0	5	0	0	0	0	4	1	1	0	0	0

Note: In addition there were a number of cases that could not be allocated to specific DA(A)T areas because they were of no fixed abode and/or the jurisdiction in which the inquest was held covers more than one DA(A)T. Some cases were usually resident outside the UK. Some DA(A)Ts are covered by coroner's jurisdictions that did not submit information (or only partial information) to the np-SAD; they are marked thus - \*.

Table I: “Drug misuse” cases in 2010 by Primary Care Trust and Strategic Health Authority areas in England (16 years and over)

Area	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
<b>ENGLAND (SHA and PCT)</b>				
<b>NORTH EAST SHA*</b>	54	2.51	57	2.65
County Durham	4	0.95	3	0.71
Darlington	1	1.23	1	1.23
Gateshead	6	3.80	6	3.80
Hartlepool	2	2.73	3	4.09
Middlesbrough	8	6.98	9	7.85
Newcastle-upon-Tyne	1	0.41	2	0.81
North Tyneside*	5	3.06	5	3.06
Northumberland	5	1.93	6	2.31
Redcar and Cleveland	2	1.77	2	1.77
South Tyneside	2	1.57	2	1.57
Stockton on Tees Teaching	10	6.44	9	5.80
Sunderland Teaching	8	3.41	9	3.84
<b>NORTH WEST SHA*</b>	229	4.06	225	3.99
Ashton, Leigh and Wigan	8	3.21	7	2.80
Blackburn with Darwen	11	10.37	10	9.43
Blackpool	12	10.50	14	12.25
Bolton	10	4.74	10	4.74
Bury	5	3.41	5	3.41
Central and Eastern Cheshire*	5	1.34	5	1.34
Central Lancashire	11	2.93	11	2.93
Cumbria Teaching	11	2.68	9	2.19
Halton and St Helens	4	1.67	4	1.67
Heywood, Middleton and Rochdale	6	3.71	6	3.71
Knowsley	1	0.84	1	0.84
Lancashire East	20	6.57	18	5.92
Liverpool	23	6.21	22	5.94
Manchester	33	8.02	34	8.26
North Lancashire Teaching	9	3.26	8	2.90
Oldham	3	1.75	3	1.75
Salford	12	6.40	12	6.40
Sefton	3	1.33	3	1.33
Stockport	8	3.45	8	3.45
Tameside and Glossop	8	3.96	9	4.46
Trafford	6	3.44	6	3.44
Warrington	4	2.49	4	2.49
Western Cheshire*	3	1.55	3	1.55
Wirral	13	5.20	13	5.20
<b>YORKSHIRE AND HUMBER SHA*</b>	106	2.45	105	2.43
Barnsley	1	0.54	1	0.54
Bradford and Airedale Teaching	15	3.78	14	3.53
Calderdale	0	0.00	0	0.00
Doncaster	7	2.97	6	2.55
East Riding of Yorkshire	2	0.71	1	0.35
Kirklees	8	2.45	8	2.45
Leeds	19	2.86	22	3.31
NHS Hull	11	5.07	13	5.99

Area	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
North East Lincolnshire Care Trust Plus	10	7.79	10	7.79
North Lincolnshire	5	3.90	5	3.90
North Yorkshire and York*	4	0.60	3	0.45
Rotherham	2	0.97	2	0.97
Sheffield	10	2.17	8	1.73
Wakefield District	12	4.51	12	4.51
<b>EAST MIDLANDS SHA*</b>	<b>55</b>	<b>1.50</b>	<b>53</b>	<b>1.45</b>
Bassetlaw*	0	0.00	0	0.00
Derby City	6	3.00	6	3.00
Derbyshire	16	2.67	17	2.84
Leicester City	7	2.88	5	2.06
Leicestershire County and Rutland*	0	0.00	0	0.00
NHS Lincolnshire	5	0.86	4	0.69
NHS Northamptonshire	18	3.27	19	3.45
Nottingham City	2	0.78	1	0.39
Nottinghamshire County Teaching*	1	0.18	1	0.18
<b>WEST MIDLANDS SHA*</b>	<b>53</b>	<b>1.20</b>	<b>54</b>	<b>1.23</b>
Birmingham East and North*	2	0.63	2	0.63
Coventry Teaching	1	0.39	2	0.78
Dudley*	0	0.00	0	0.00
Heart of Birmingham Teaching*	3	1.39	4	1.86
Herefordshire	3	2.02	3	2.02
North Staffordshire	4	2.27	3	1.70
Sandwell	1	0.43	1	0.43
Shropshire County*	5	2.07	6	2.48
Solihull*	1	0.60	2	1.20
South Birmingham*	5	1.80	3	1.08
South Staffordshire	10	2.00	10	2.00
Stoke-on-Trent	8	3.98	10	4.98
Telford and Wrekin	7	5.41	5	3.86
Walsall Teaching*	0	0.00	0	0.00
Warwickshire*	0	0.00	0	0.00
Wolverhampton City	0	0.00	0	0.00
Worcestershire	3	0.66	3	0.66
<b>EAST OF ENGLAND SHA</b>	<b>81</b>	<b>1.71</b>	<b>83</b>	<b>1.75</b>
Bedfordshire	16	4.78	15	4.48
Cambridgeshire	1	0.20	1	0.20
Hertfordshire	16	1.80	17	1.92
Great Yarmouth and Waveney	4	2.25	4	2.25
Luton	2	1.29	3	1.94
Mid Essex	2	0.66	2	0.66
Norfolk	16	2.51	18	2.82
North East Essex	1	0.37	1	0.37
Peterborough	3	2.19	3	2.19
South East Essex	7	2.54	7	2.54
South West Essex	2	0.61	2	0.61
Suffolk	11	2.25	10	2.04
West Essex	0	0.00	0	0.00

Area	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
<b>LONDON SHA</b>	137	2.18	141	2.24
Barking and Dagenham	2	1.48	2	1.48
Barnet	0	0.00	0	0.00
Bexley	3	1.65	1	0.55
Brent Teaching	0	0.00	0	0.00
Bromley	1	0.40	0	0.00
Camden	13	6.52	13	6.52
City and Hackney Teaching	6	3.29	9	4.94
Croydon	1	0.37	2	0.73
Ealing	5	1.95	6	2.34
Enfield	2	0.87	3	1.30
Greenwich Teaching	5	2.79	5	2.79
Hammersmith and Fulham	11	7.82	11	7.82
Haringey Teaching	1	0.55	1	0.55
Harrow	0	0.00	0	0.00
Havering	2	1.04	1	0.52
Hillingdon	7	3.31	7	3.31
Hounslow	9	4.73	9	4.73
Islington	13	7.97	14	8.58
Kensington and Chelsea	0	0.00	0	0.00
Kingston	0	0.00	1	0.72
Lambeth	12	5.12	15	6.39
Lewisham	3	1.41	4	1.88
Newham	2	1.11	2	1.11
Redbridge	1	0.47	1	0.47
Richmond and Twickenham	7	4.58	5	3.27
Southwark	7	2.96	7	2.96
Sutton and Merton	2	0.62	1	0.31
Tower Hamlets	9	4.72	8	4.20
Waltham Forest	3	1.69	2	1.13
Wandsworth	1	0.41	1	0.41
Westminster	9	4.09	10	4.55
<b>SOUTH EAST COAST SHA*</b>	100	2.81	101	2.83
Brighton and Hove City	24	11.05	22	10.13
East Sussex Downs and Weald	11	3.97	11	3.97
Eastern and Coastal Kent*	15	2.48	15	2.48
Hastings and Rother	6	4.06	6	4.06
Medway	1	0.49	1	0.49
Surrey	21	2.34	22	2.45
West Kent*	9	1.64	9	1.64
West Sussex	13	1.99	15	2.29
<b>SOUTH CENTRAL SHA</b>	64	1.91	60	1.79
Berkshire East	6	1.86	5	1.55
Berkshire West	8	2.11	8	2.11
Buckinghamshire	6	1.47	5	1.23
Hampshire	19	1.80	16	1.52
Milton Keynes	0	0.00	0	0.00
NHS Isle of Wight	2	1.70	2	1.70
Oxfordshire	7	1.38	5	0.99
Portsmouth City Teaching	10	5.79	11	6.37
Southampton City	6	2.98	8	3.97

Area	National and annual death rate per 100,000 population – usual area of residence		National and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
<b>SOUTH WEST SHA*</b>	85	1.95	86	1.98
Bath and North East Somerset*	0	0.00	0	0.00
Bournemouth and Poole Teaching	17	6.56	17	6.56
Cornwall & Isles of Scilly	14	3.14	16	3.59
Devon	14	2.24	14	2.24
Dorset	5	1.49	5	1.49
Gloucestershire	3	0.62	4	0.82
NHS Bristol*	0	0.00	0	0.00
North Somerset*	0	0.00	0	0.00
Plymouth Teaching	10	4.65	9	4.19
Somerset	10	2.33	11	2.56
South Gloucestershire*	1	0.46	0	0.00
Swindon	2	1.20	2	1.20
Torbay Care Trust	4	3.57	3	2.67
Wiltshire	5	1.35	5	1.35

Note: In addition there were a number of cases that could not be allocated to specific PCT areas because they were of no fixed abode and/or the jurisdiction in which the inquest was held covers more than one PCT. Some cases were usually resident outside the UK. Some PCTs are covered by coroner's jurisdictions that did not submit information (or only partial information) to the np-SAD; they are marked thus - \*.

Table J: Profile of “drug misuse” deaths in English regions – Northern England

Government Office Region	North East*		North West*		Yorkshire & Humber*	
Demographics	No	%	No	%	No	%
Population mid-2010 aged 16 years and over	2,148,700		5,637,700		4,328,600	
'Drug misuse' deaths reported	53		229		106	
Number of deaths/100,000 population aged 16 and over	2.47		4.06		2.45	
Gender						
Male	38	71.7	159	69.4	82	77.4
Female	15	28.3	70	30.6	24	22.6
Age-group (years)						
Under 15	0	0.0	0	0.0	0	0.0
15-24	7	13.2	16	7.0	9	8.5
25-34	18	34.0	60	26.2	29	27.4
35-44	14	26.4	82	35.8	44	41.5
45-54	7	13.2	43	18.8	16	15.1
55-64	7	13.2	19	8.3	6	5.7
65 and over	0	0.0	9	3.9	2	1.9
Ethnicity						
White	49	92.5	136	59.4	86	81.1
Black	0	0.0	0	0.0	1	0.9
Asian	0	0.0	2	0.9	1	0.9
Other	0	0.0	1	0.4	1	0.9
Unknown	4	7.5	90	39.3	17	16.0
Drug use/addiction history						
Yes	26	49.1	136	57.2	54	50.9
No	6	11.3	38	16.6	18	17.0
Unknown	21	39.6	60	26.2	34	32.1
Selected main drugs implicated**						
Heroin/morphine	26	49.1	96	41.9	53	50.0
Methadone	13	24.5	84	36.7	39	36.8
Hypnotics/sedatives	26	49.1	48	21.0	33	31.1
Cocaine	1	1.9	25	10.9	10	9.4
Amphetamines	1	1.9	9	3.9	9	8.5
Ecstasy-type drugs	0	0.0	0	0.0	1	0.9
Other opiates/opioid analgesics	13	24.5	62	27.1	19	17.9
Anti-depressants	8	15.1	33	14.4	20	18.9
Anti-psychotics	0	0.0	9	3.9	2	1.9
Manner of death						
Natural	0	0.0	1	0.4	2	1.9
Accidental	40	75.5	178	77.7	87	82.1
Suicidal	4	7.5	18	7.9	10	9.4
Homicidal	0	0.0	0	0.0	0	0.0
Undetermined	9	17.0	31	13.5	8	6.6
Unascertained/unknown	0	0	1	0.4	0	0.0
* Not all coroners' jurisdictions submitted data or only partial information						
** Percentages may add to more than 100% because of more than one substance being implicated						

Table K: Profile of “drug misuse” deaths in English regions – Central England

Government Office Region	East of England		East Midlands*		West Midlands*	
Demographics	No	%	No	%	No	%
Population mid-2009 aged 16 years and over	4,732,700		3,663,600		4,399,800	
'Drug misuse' deaths reported	80		51		53	
Number of deaths/100,000 population aged 16 and over	1.69		1.39		1.20	
Gender						
Male	58	72.5	41	80.4	39	73.6
Female	22	27.5	10	19.6	14	26.4
Age-group (years)						
Under 15	0	0.0	0	0.0	0	0.0
15-24	6	7.5	5	9.8	3	5.7
25-34	27	33.8	18	35.3	14	26.4
35-44	29	36.3	15	29.4	24	45.3
45-54	11	13.8	12	23.5	7	13.2
55-64	4	5.0	1	2.0	4	7.5
65 and over	3	3.8	0	0.0	1	1.9
Ethnicity						
White	41	51.3	43	84.3	43	81.1
Black	0	0.0	0	0.0	0	0.0
Asian	0	0.0	1	2.0	1	1.9
Other	2	2.5	0	0.0	1	1.9
Unknown	37	46.3	7	13.7	8	15.1
Drug use/addiction history						
Yes	50	62.5	31	60.8	36	67.9
No	12	15.0	9	17.6	10	18.9
Unknown	18	22.5	11	21.6	7	13.2
Selected main drugs implicated**						
Heroin/morphine	32	40.0	19	37.3	27	50.9
Methadone	23	28.8	18	35.3	23	43.4
Hypnotics/sedatives	15	18.8	14	27.5	8	15.1
Cocaine	9	11.3	3	5.9	4	7.5
Amphetamines	1	1.3	4	7.8	2	3.8
Ecstasy-type drugs	0	0.0	1	2.0	0	0.0
Other opiates/opioid analgesics	21	26.3	14	27.5	10	18.9
Anti-depressants	10	12.5	7	13.7	8	15.1
Anti-psychotics	4	5.0	1	2.0	1	1.9
Manner of death						
Natural	0	0.0	0	0.0	1	0.0
Accidental	67	83.8	45	88.2	48	90.6
Suicidal	7	8.8	2	3.9	4	7.5
Homicidal	0	0.0	0	0.0	0	0.0
Undetermined	5	6.3	4	7.8	1	1.9
Unascertained/unknown	1	1.3	0	0.0	0	0.0

\* Not all coroners' jurisdictions submitted data or only partial information  
\*\* Percentages may add to more than 100% because of more than one substance being implicated

Table L: Profile of “drug misuse” deaths in English regions – Southern England

Government Office Region	London		South East*		South West*	
Demographics	No	%	No	%	No	%
Population mid-2009 aged 16 years and over	6,295,200		6,913,500		4,348,100	
'Drug misuse' deaths reported	137		164		84	
Number of deaths/100,000 population aged 16 and over	2.18		2.37		1.93	
Gender						
Male	104	75.9	121	73.8	69	82.1
Female	33	24.1	43	26.2	15	17.9
Age-group (years)						
Under 15	0	0.0	0	0.0	0	0.0
15-24	10	7.3	21	12.8	5	6.0
25-34	41	29.9	43	26.2	25	29.8
35-44	41	29.9	49	29.9	27	32.1
45-54	33	24.1	23	14.0	14	16.7
55-64	6	4.4	17	10.4	8	9.5
65 and over	6	4.4	11	6.7	5	6.0
Ethnicity						
White	81	59.1	102	62.2	59	70.2
Black	11	8.0	0	0.0	0	0.0
Asian	5	3.6	1	0.6	0	0.0
Other	7	5.1	2	1.2	1	1.2
Unknown	33	24.1	59	36.0	24	28.6
Drug use/addiction history						
Yes	82	59.9	95	57.9	55	65.5
No	29	21.2	32	19.5	19	22.6
Unknown	26	19.0	37	22.6	10	11.9
Selected main drugs implicated**						
Heroin/morphine	58	42.3	74	45.1	51	60.7
Methadone	37	27.0	41	25.0	21	25.0
Hypnotics/sedatives	25	18.2	38	23.2	21	25.0
Cocaine	23	16.8	21	12.8	1	1.2
Amphetamines	2	1.5	4	2.4	0	0.0
Ecstasy-type drugs	3	2.2	3	1.8	0	0.0
Other opiates/opioid analgesics	38	27.7	40	24.4	27	32.1
Anti-depressants	24	17.5	20	12.2	11	13.1
Anti-psychotics	5	3.6	3	1.8	2	2.4
Manner of death						
Natural	2	1.5	0	0.0	0	0.0
Accidental	103	75.2	123	75.0	60	71.4
Suicidal	17	12.4	21	12.8	16	19.0
Homicidal	0	0.0	0	0.0	0	0.0
Undetermined	14	10.2	18	11.0	7	8.3
Unascertained/unknown	1	0.7	2	1.2	1	1.2

\* Not all coroners' jurisdictions submitted data or only partial information  
\*\* Percentages may add to more than 100% because of more than one substance being implicated



## Commentary

The demographic profile of “drug misuse” deaths in England remains consistent with previous reports; a higher proportion (74%) of males to females, White, with a typical age of 25-44. “Drug misuse” deaths amongst those aged 15-24 appear to have dropped over the past ten years by about two-thirds. The number and proportion of deaths of known drug users aged more than 45 years at the time of death notified to the Programme also increased over the past decade.

Accidental poisoning still remains the most frequent underlying cause of death across all age-groups. However, older females are more likely to die of intentional self-poisoning.

The most frequent drugs implicated in deaths of males were heroin/morphine, whilst for females it was anti-depressants, closely followed by other opiates/ opioid analgesics. Deaths reported for 2010 suggest that the involvement in death of amphetamines, ecstasy-type drugs, anti-epileptics, anti-psychotics, and methadone have increased, whilst those involving heroin/morphine, cocaine, GHB and cannabis have decreased. This pattern is similar to that in ‘drug misuse’ cases in respect of controlled drugs. The decline in monovalent deaths noted in last year’s report appears to be continuing; in 2010 they accounted for 36% of cases whereas in 2009 they were implicated in 37%. Heroin/morphine combined with alcohol remains to be the most frequent polysubstance combination over the past ten years, followed by heroin/morphine combined

with hypnotics/sedatives, and then hypnotics/sedatives with alcohol.

The most commonly prescribed medications implicated in death were anti-depressants, followed by hypnotics/sedatives. It appears that upwards of 57% of anti-depressants, hypnotics/sedatives, other opiates/opioid analgesics and methadone-related deaths are more likely to arise from illicitly than legally sourced supplies.

It has to be acknowledged that there are some distinct differences between the definition of drug-related death used by np-SAD and that of “drug misuse” employed by Government departments to monitor trends in the effectiveness of drug strategies.

Whilst the main source of information for the Office for National Statistics is the medical certificate of death, supplemented by part V of the Coroner’s Inquisition form, the np-SAD receives detailed information from inquests with reports from various sources (including toxicology) to the coroner to determine the cause of death & thus the verdict. Both sets of data are of value and complementary. The detailed data from coroners allows for the Programme to contribute to early warning monitoring systems, providing information on the epidemiology of Novel Psychoactive Substances (including “legal highs”), as well on prescribing history, risk factors, etc. Both sources of data are needed to obtain a fuller understanding of the nature of drug-related mortality in England, and the UK as a whole.

## Chapter 3: Drug-related deaths in Wales

This chapter describes the pattern of drug-related deaths in Wales reported by coroners to the np-SAD that meet the Programme's case criteria.

### 1. Demography

Notifications of 81 drug-related deaths occurring in 2010 were received from coroners in Wales. It is possible that this number may increase as inquests are subsequently completed for deaths that occurred in 2010. Furthermore, some information for two of the coroner's areas in North Wales was unavailable when preparing this report. The number of such deaths reported in last year's annual report was 102 in 2009. Details of a further 22 deaths in 2009 were received since the publication of the last Annual Report.

In 2010 there was a rate of 3.30 drug-related deaths per 100,000 population aged 16 years and over, compared with 3.69 in 2008 and 5.23 in 2009. These rates are low by comparison with England and Scotland but similar to those in Northern Ireland.

The majority (77%) of the cases in 2010 were male (Table 3.1). The median age at death was 37.3 years (semi-interquartile range = 6.2) (Figure 3.1). Four-fifths (83%) of cases were under 45 years. About half (53%) were unemployed, and one-third (37%) lived with others. Where ethnicity was known, all decedents were White; however, ethnic background was not given in 52% of all cases. Addict status was known in 60 cases, 77% of which had a history of dependence or drug use.

**Table 3.1: Demographic variables for drug-related deaths reported by coroners meeting np-SAD criteria, Wales, 2010**

Variable	Category	Number (%)
Total		81 (100.0)
Gender	Male	62 (76.5)
	Female	19 (23.5)
Employment status	Employed	24 (29.6)
	Unemployed	43 (53.1)
	Childcare/house person	0 (0.0)
	Students/pupils	0 (0.0)
	Retired/sickness/invalidity	5 (6.2)
	Not known	9 (11.1)
Living arrangements	Alone	36 (44.4)
	With others	30 (37.0)
	No fixed abode	5 (6.2)
	Other	4 (4.9)
	Not known	6 (7.4)

### 2. Location of death

Most fatalities (about 90%) occurred at a defined residential address (i.e. the deceased's home address or other private residential address). One percent occurred in hospital and 7% elsewhere.

### 3. Cause(s) of death

Three-quarters (75%) of cases died from accidental poisoning, 10% from intentional self-poisoning, and in 9% of cases the intent was undetermined. Two of the 5 remaining deaths were hangings and another two related to mental disorders due to harmful drug use.

**Figure 3.1: Drug-related deaths reported by coroners meeting *np*-SAD criteria, by age and gender, Wales, 2010**



#### 4. Substances implicated in death

##### 4.1 All substances

Psychoactive drugs were directly implicated in 78/81 (96%) cases. The principal substances implicated were: heroin/morphine (41%); hypnotics/sedatives (28%); methadone (24%); alcohol-in-combination (23%); other opiates/opioid analgesics (18%); anti-depressants (9%); and cocaine (5%) (Table 3.2).

Figure 3.2 takes into account data where one of the following drugs was known to be

implicated: alcohol-in-combination; amphetamines; anti-depressants; anti-epileptics; cocaine; heroin/morphine; methadone; or other opiates/opioid analgesics.

##### 4.2 Single substances

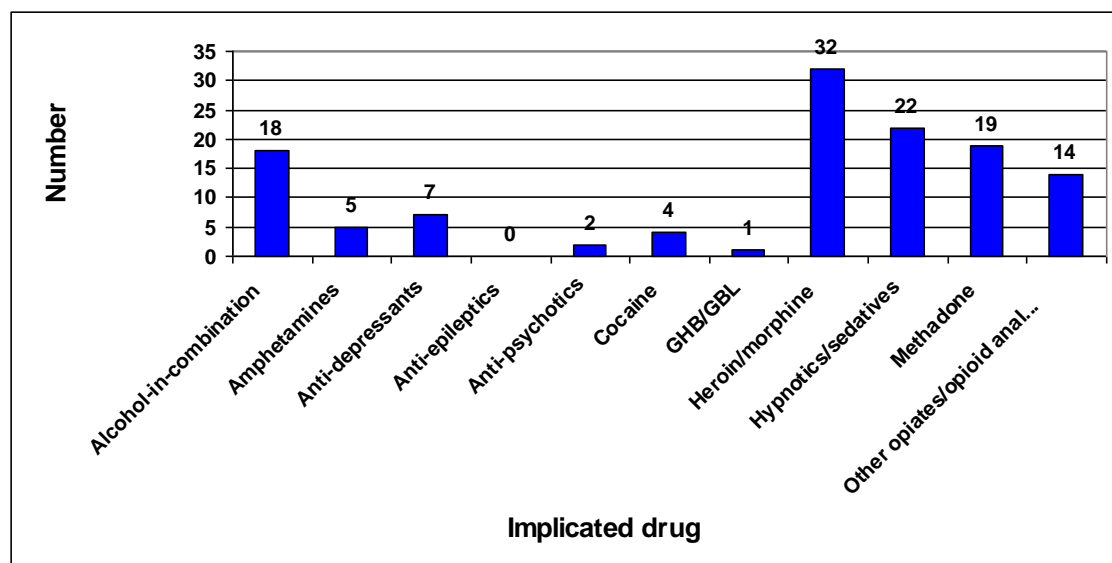
Single substance deaths accounted for 47% (37/78) of all fatalities where psychoactive substances were implicated. The following substances, as the sole implicated drug, accounted for 33/37 of these deaths: heroin/morphine; methadone; and other opiates/opioid analgesics (Table 3.2).

**Table 3.2: Psychoactive substances implicated in deaths reported by coroners meeting *np*-SAD criteria, Wales, 2010**

Drug category	Number (%) of cases where no other substance was implicated	Number (%) of cases where drug was implicated
Total	78 (100.0)	78 (100.0)
Alcohol-in-combination	-	18 (23.1)
Amphetamines	2 (2.6)	5 (6.4)
Anti-depressants	1 (1.3)	7 (9.0)
Anti-epileptics	0 (0.0)	0 (0.0)
Anti-Parkinson's	0 (0.0)	0 (0.0)
Anti-psychotics	0 (0.0)	2 (2.6)
Cannabis	0 (0.0)	0 (0.0)
Cocaine	1 (1.3)	4 (5.1)
Ecstasy-type drugs	0 (0.0)	0 (0.0)
GHB/GBL	0 (0.0)	1 (1.3)
Heroin/morphine	15 (19.2)	32 (41.0)
Hypnotics/sedatives	0 (0.0)	22 (28.2)
Methadone	10 (12.8)	19 (24.3)
Other opiates/opioid analgesics	8 (10.3)	14 (18.0)

Note: Column totals may sum to more than 100% since more than one substance may be implicated in a death.

**Figure 3.2: Drug-related deaths reported by coroners meeting *np*-SAD criteria, by selected psychoactive drug implicated, Wales, 2010**



### 5. Age and drug implicated in death

Heroin/morphine accounted for most deaths in the 25-34, 35-44 and 45-54 years age-groups (Table 3.3). Methadone accounted for one-third of deaths in the 15-24 years age-group. In each of the remaining age-groups several substances were equally likely to be implicated. Looking at the over 45 years age-

group as a whole, the most commonly implicated substance was again heroin/morphine (5 cases), followed by alcohol-in-combination, anti-depressants, hypnotics/sedatives, and methadone (2 cases each).

**Table 3.3: Age and psychoactive drug implicated in deaths reported by coroners meeting *np*-SAD criteria, Wales, 2010**

Age-group (years)	Number (%)	Drug category (alone or in combination) most frequently implicated in each age-group
All ages	78 (100.0)	Heroin/morphine (41.0%)
15-24	6 (7.7)	Methadone (33.3%)
25-34	25 (32.1)	Heroin/morphine (52.0%)
35-44	34 (43.6)	Heroin/morphine (38.2%)
45-54	11 (14.1)	Heroin/morphine (45.5%)
55-64	0 (0.0)	-
65 & over	2 (2.6)	Anti-depressants (1 case) Other opiates/opioid analgesics (1 case)

### 6. Gender and drug implicated in death

The pattern of drug-specific mortality was somewhat different in male and female cases. Among males, the most frequently mentioned drugs were: heroin/morphine (48%); hypnotics/sedatives (30%); alcohol-in-combination (25%); methadone (23%); and other opiates/opioid analgesics (16%). The

following had higher proportions of deaths than females: heroin/morphine 48% vs. 18%); alcohol-in-combination (25% vs. 18%); hypnotics/sedatives (30% vs. 24%); and amphetamines (6.6% vs. 5.9%). There were no fatalities involving anti-psychotics among males.

Among female cases, the drugs mentioned were: methadone (29%); anti-depressants, hypnotics/sedatives, and other opiates/opioid analgesics (all 24%); heroin/morphine and alcohol-in-combination (both 18%); and cocaine and antipsychotics (both 12%). Compared to male cases, female cases had higher proportions of fatality associated with Methadone (29% vs. 23%); other opiates/opioid analgesics (24% vs. 16%); anti-depressants (24% vs. 5%); and cocaine (12% vs. 3%). Furthermore, there were no fatalities due GHB among females.

## 7. Regional data

This section contains information based on various geographical units. Table 3.4 provides information by Coroner's jurisdiction on the number of cases reported in 2009 and 2010, the number per 100,000 population aged 16 years and over, and the proportion of all inquests accounted for by drug-related deaths. Tables 3.5 and 3.6 provide information by

Drug and Alcohol Action Team area on the number of deaths per 100,000 population aged 16 and over, and key findings in respect of key demographics and principal drugs implicated in death. Finally Table 3.7 gives the number of deaths per 100,000 population aged 16 and over for the four Substance Misuse Advisory Regional Team areas (which are co-terminous with the four police force areas).

In those areas for which data were available at the time of preparing this report, the highest number of deaths per 100,000 population (aged 16 years and over) were found in the Bridgend & Glamorgan Valleys, Cardiff & the Vale of Glamorgan, Swansea, and North West Wales coroners' areas, whilst there no cases in Ceredigion (Table 3.4). The role of the main psychoactive substances appears to apply to all areas. However, in Iechyd Morgannwg, methadone played a prominent role in drug deaths (Table 3.6).

**Table 3.4: Deaths reported, rates per 100,000 (aged 16 and over), and proportion of all inquests, Wales, 2009 and 2010**

Coroner's Jurisdiction	Additional 2009 deaths reported in 2010/11 <sup>(1)</sup>	Cumulative total number of deaths 2009	Annual death rate per 100,000 population 2009 <sup>(2)</sup>	Annual % of all inquests held in 2009 <sup>(3)</sup>	Number of deaths 2010	Annual death rate per 100,000 population 2010 <sup>(2)</sup>	Annual % of all inquests held in 2010
Bridgend & Glamorgan Valleys	15	25	7.28	13.81	22	6.43	6.83
Cardiff & the Vale of Glamorgan	0	18	4.79	4.95	20	5.26	4.98
Carmarthenshire	1	10	6.75	12.35	3	2.02	4.05
Central North Wales	-	-	-	-	-	-	-
Ceredigion	0	0	0.00	0.00	0	0.00	0.00
Gwent	1	20	4.42	11.90	12	2.65	8.51
Neath & Port Talbot	2	6	5.33	7.79	2	1.78	2.67
North East Wales	-	-	-	-	2	0.87	0.98
North West Wales	0	14	9.08	10.69	8	5.18	5.44
Pembrokeshire	1	5	5.23	7.04	1	1.05	1.35
Powys	0	4	3.68	6.45	-	-	-
Swansea	4	26	13.62	13.27	11	5.73	6.04

Note: (0) refers to either no drug-related deaths or death rates of less than 0.01, whilst (-) indicates that no reports were submitted for the specific period from that jurisdiction or area. In subsequent reports these rates may increase as more inquests on deaths in 2010 are held and/or notified to the np-SAD. These rates should therefore be regarded as minimum rates.

(1) Notified after the publication of the np-SAD Annual Report, 2010.

(2) The rate per 100,000 population is based on published mid-year population estimates for local government administrative areas for the years in question.

(3) Includes updated information submitted in 2010/11.

**Table 3.5: Deaths by Drug and Alcohol Action Team area (16 years and over) – number and rate per 100,000 population, Wales, 2010**

Drug and Alcohol Action Team	National and annual death rate per 100,000 population – usual area of residence		National and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
Bro Taf	33	5.38	34	5.55
Dyfed Powys*	3	0.72	3	0.72
Gwent	11	2.43	11	2.43
Iechyd Morgannwg	23	5.56	23	5.56
North Wales*	10	1.80	10	1.80

Note: There was 1 case that was usually resident outside Wales and thus could not be allocated to a specific DA(A)T. Some DA(A)Ts are covered by coroner's jurisdictions that did not submit information (or only partial information) to the np-SAD; they are marked thus - \*.

**Table 3.6: Deaths by Drug and Alcohol Action Team area (16 years and over) – demographics and drugs implicated, Wales, 2010**

Drug and Alcohol Action Team	N o	Gender		Age group						Ethnicity					Main Drug Strategy drug implicated					
	Total	Male	Female	15-24	25-34	35-44	45-54	55-64	>64	White	Black	Asian	Other	Not known	Heroin/ morphine	Metadone	Hypnotics/ sedatives	Cocaine	Amphetamine	Ecstasy-type
Bro Taf	33	25	8	5	7	16	5	0	0	22	0	0	0	13	13	10	11	2	1	0
Dyfed Powys*	3	3	0	0	0	1	2	0	0	3	0	0	0	0	2	0	2	0	1	0
Gwent	11	10	1	0	6	5	0	0	0	1	0	0	0	10	2	2	2	0	1	0
Iechyd Morgannwg	23	17	6	1	11	9	2	0	0	14	0	0	0	9	10	5	7	2	1	0
North Wales"	10	6	4	0	1	4	2	0	3	0	0	0	0	10	4	3	0	0	0	0
Note: There was 1 case that was usually resident outside Wales and thus could not be allocated to a specific DA(A)T. Some DA(A)Ts are covered by coroner's jurisdictions that did not submit information (or only partial information) to the np-SAD: they are marked thus - *																				

**Table 3.7: Deaths by Substance Misuse Advisory Regional Team areas in Wales (16 years and over), 2010**

SMART	National and annual death rate per 100,000 population – usual area of residence		National and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
North Wales*	10	1.80	10	1.80
Dyfed Powys*	3	0.72	3	0.72
South Wales	56	5.45	57	5.55
Gwent	11	2.43	11	2.43

Note: In addition there was 1 case that was usually resident outside Wales and could not be allocated to a specific SMART area. Some SMARTs are covered by coroner's jurisdictions that did not submit information (or only partial information) to the np-SAD; they are marked thus - \*.

**8. Commentary**

There was a higher ratio of male to female drug-related deaths in Gwent compared to other areas in Wales during 2010. Bro Taf experienced a wider spread of age-groups dying, especially 15-24 year olds than other areas. Those who died in Bro Taf tended to be younger than in other areas, for example all those who died were less than 45 years (except in North Wales).

The nature of deaths were also different in Wales compared to England and Northern Ireland, In particular, there was a higher proportion of accidental overdoses and a lower proportion of cases where the intent was not clear. The profile of psychoactive substances implicated in deaths was broadly similar to other regions, there was a lesser role played by anti-depressants. The role of hypnotics/sedatives was higher than in England and but lower than seen in Northern Ireland.

## Chapter 4: Drug-related deaths in Northern Ireland

This chapter describes the pattern of drug-related deaths in Northern Ireland. The Northern Ireland Statistics and Research Agency (NISRA) provided the data analysed in this section, from registrations recorded by the General Register Office for Northern Ireland. Coroners in Northern Ireland routinely submit returns on drug-related deaths after conducting an inquiry, similar to that in England and Wales.

### 1. Demography

Notifications of 72 drug-related deaths occurring in 2010 were received from NISRA and coroners which meet the np-SAD case criteria. The number of such deaths was 59 in 2008 and 70 in 2009 (including 5 notifications received since the publication of last year's report). This leads to an increase of about 3% in drug-related deaths between 2009 and 2010. However,

details of further deaths for 2009 and 2010 may be subsequently notified to NISRA by coroners. In 2010 there was a rate of 4.94 drug-related deaths per 100,000 population aged 16 years and over, compared with 4.23 in 2008 and 4.62 in 2009. These rates are low by comparison with England and Scotland but similar to those for Wales.

Three-quarters (75%) of the cases in 2010 were male (Table 4.1). The median age at death was 42.0 years (semi-interquartile range = 8.7) (Figure 4.1). Three-fifths (61%) of cases were under 45 years. Nearly two-thirds (64%) were unemployed, half (50%) lived with others. Where ethnicity was known (n = 68), all decedents were White. Addict status was known in 29/72 cases, 15 (52%) of which had a history of dependence.

**Table 4.1: Demographic variables for drug-related deaths reported by NISRA and coroners meeting np-SAD criteria, Northern Ireland, 2010**

Variable	Category	Number (%)
Total		72
Gender	Male	54 (75.0)
	Female	18 (25.0)
Employment status	Employed	13 (18.1)
	Unemployed	46 (63.9)
	Childcare/house person	2 (2.8)
	Student/pupil	2 (2.8)
	Retired/sickness/invalidity	8 (11.1)
	Not known	1 (1.4)

### 2. Location of death

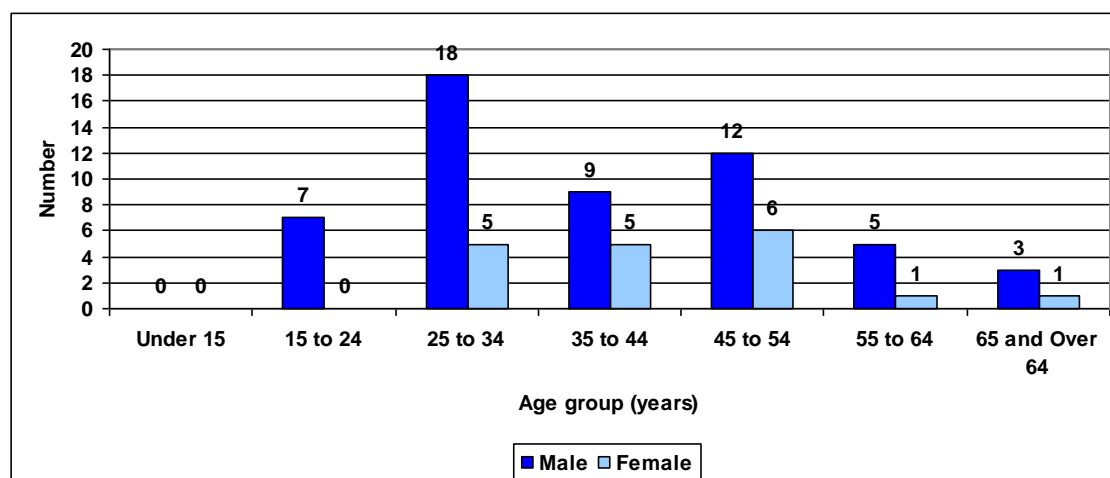
Most fatalities (83%) occurred at a defined residential address (i.e. the deceased's home address or other private residential address). Eleven percent occurred in hospital and 6% elsewhere.

### 3. Cause(s) of death

Based on the information available from coroners, 12.5% of cases died from accidental poisoning, 2.8 from intentional self-poisoning. In 72.2% of cases the intent was undetermined. Four of the remaining 9 deaths (12.5%) were traumatic ones.



**Figure 4.1: Drug-related deaths reported by NISRA and coroners meeting *np*-SAD criteria, by age and gender, Northern Ireland, 2010**



#### 4. Substances implicated in death

Scotland in terms of the large proportion of hypnotics/ sedatives involved (NRS, 2011).

##### 4.1 All substances

Psychoactive drugs were directly implicated in all but seven cases. The principal substances implicated were: other opiates/opioid analgesics (33); hypnotics/sedatives (32); alcohol-in-combination (20); anti-depressants (24); and anti-psychotics (11) (Table 4.2). This profile is different to that seen in England and Wales and more similar to that seen in

Figure 4.2 takes into account data where one of the following drugs was known to be implicated: alcohol-in-combination; amphetamines; anti-depressants; anti-epileptics; anti-Parkinson's; anti-psychotics; cannabis; cocaine; ecstasy-type drugs; GHB; heroin/morphine; hypnotics/sedatives; methadone; and other opiates/opioid analgesics.

**Table 4.2: Psychoactive substances implicated in deaths reported by NISRA and coroners meeting *np*-SAD criteria, Northern Ireland, 2010**

Drug category	Number of cases where no other substance was implicated (N = 65)	Number of cases where drug was implicated (N = 65)
Alcohol-in-combination	-	20
Amphetamines	0	0
Anti-depressants	3	24
Anti-epileptics	1	2
Anti-Parkinson's	0	2
Anti-psychotics	1	11
Cannabis	0	0
Cocaine	0	1
Ecstasy-type drugs	0	0
GHB/GBL	0	0
Heroin/morphine	1	9
Hypnotics/sedatives	0	32
Methadone	0	2
Other opiates/opioid analgesics	3	33

Note: Column totals may not sum to 65 since more than one substance may be implicated in a death.

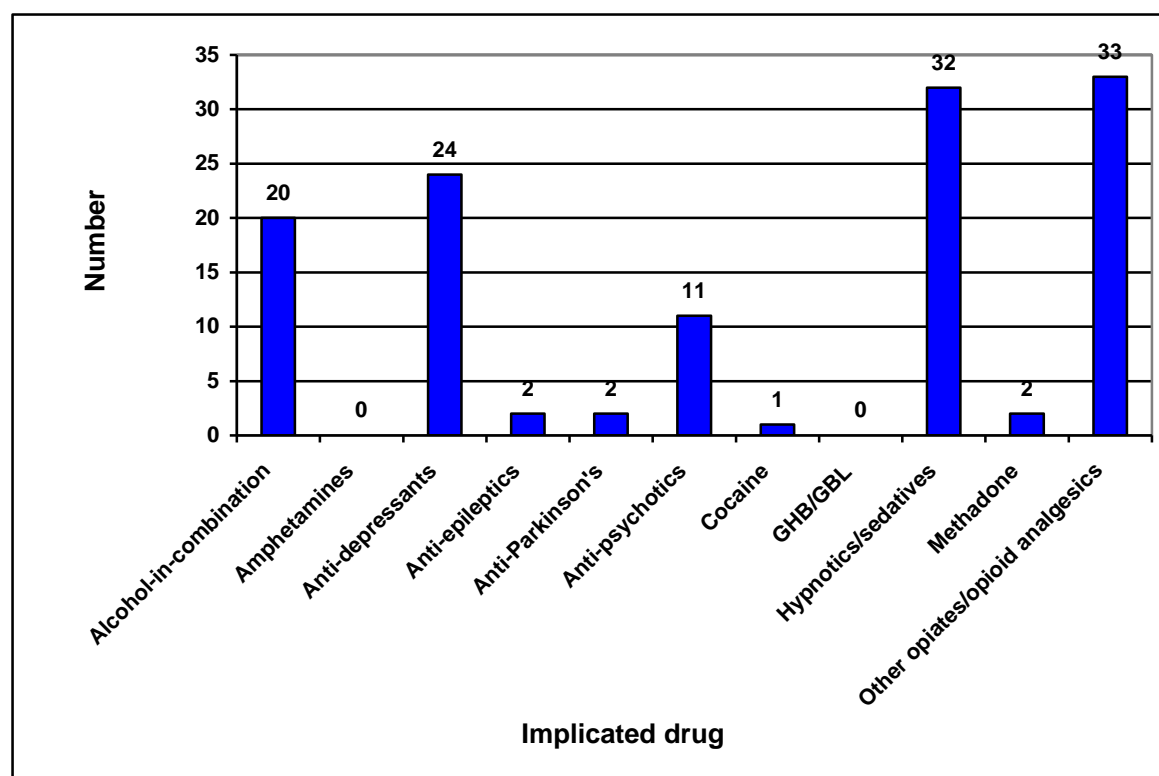
#### 4.2 Single substances

The following substances, as the sole implicated drug, accounted for 9/65 (14%) deaths where psychoactive substances were implicated: anti-depressants; heroin/morphine and other opiates/ opioid analgesics (Table 4.2).

#### 5. Age and drug implicated in death

Overall, other opiates/opioid analgesics (60%) were the leading substances implicated; they also accounted for the majority of cases in the 45-54 and 65 years & over age-groups. However, in the 15-24, 25-34 and 55-64 years age-groups hypnotics/sedatives were implicated most cases. Anti-depressants were the most common class of substances implicated in the 35-44 years age-group (Table 4.3).

**Figure 4.2: Drug-related deaths reported by NISRA and coroners meeting *np*-SAD criteria, by psychoactive drug implicated, Northern Ireland, 2010**



**Table 4.3: Age and psychoactive drug implicated in deaths reported to NISRA meeting *np*-SAD criteria, Northern Ireland, 2010**

Age-group (years)	Number (%) where substance implicated	Drug category (alone or in combination) most frequently implicated in each age group
All ages	65 (100.0)	Other opiates/opioid analgesics (60.0%)
15-24	6 (9.2)	Hypnotics/sedatives (50.0%)
25-34	18 (27.7)	Hypnotics/sedatives (50.0%)
35-44	14 (21.5)	Anti-depressants (57.1%)
45-54	18 (27.7)	Other opiates/opioid analgesics (55.6%)
55-64	5 (7.7)	Hypnotics/sedatives (100.0%)
65 & over	4 (6.2)	Other opiates/opioid analgesics (75.0%)

## 6. Gender and drug implicated in death

The pattern of other drug-specific mortality was somewhat different in male and female cases. Among males, the most frequently mentioned drugs were: hypnotics/sedatives (53%); other opiates/opioid analgesics (49%); alcohol-in-combination (39%); anti-depressants (27%); anti-psychotics (12%); heroin/morphine (10%); cocaine (2%); anti-epileptics (2%); anti-Parkinson's (2%); and methadone (2%). There were no male or female deaths involving amphetamines, ecstasy-type drugs or GHB/GBL.

Among female cases, the drugs mentioned most commonly were: anti-depressants (69%); other opiates/opioid analgesics (56%); hypnotics/sedatives (38%); anti-psychotics (31%); heroin/morphine (25%); anti-epileptics (13%); alcohol-in-combination, methadone and anti-Parkinson's (all 6%); there were no female deaths involving cocaine. Compared to male cases, female cases had a higher proportion of fatality associated with other opiates/opioid analgesics (56% vs. 49%), anti-depressants (69% vs. 27%), anti-psychotics (31% vs.

12%), heroin/morphine (25% vs. 10%), and anti-epileptics (13% vs. 2%).

## 7. Commentary

The number of deaths notified to the Programme from sources in Northern Ireland showed a modest increase (7.7%) in 2010. The demographic profile of those dying in 2010 is broadly similar to previous years, although there was a modest increase in the proportion of cases that were male.

The profile of the psychoactive substances implicated in these cases is broadly similar to previous years. The role of specific types of drugs in drug-related mortality continues to show significant differences to those occurring in England and to a lesser extent in Wales. There are proportionately fewer deaths involving heroin/morphine and methadone. However, there is a greater role played by other opiates/opioid analgesics, hypnotics/sedatives and anti-depressants. The relatively higher involvement of hypnotics/sedatives is similar to the pattern in Scotland, and to a lesser extent in Wales.

## Chapter 5: Drug-related deaths in Scotland

This section describes the pattern of drug-related deaths in Scotland. The Scottish Crime and Drug Enforcement Agency (SCDEA) on behalf of the Association of Chief Police Officers in Scotland (ACPOS) collate data on drug-related deaths obtained from Scottish police forces. These data are used to populate a police/SCDEA national database which is maintained by the SCDEA. As such the data supplied to the SCDEA remain the property of the submitting force that is also responsible for its accuracy and submission to the database.

Drug-related death cases are those that meet the definition used by the Association of Chief Police Officers (Scotland) – “where there is prima facie evidence of a fatal overdose of controlled drugs. Such evidence would be recent drug misuse, for example controlled drugs and/or a hypodermic syringe found in close proximity to the body and/or the person is known to the police as a drug misuser although not necessarily a notified addict.” Thus, most suicides in Scotland are excluded. Figures for ‘drug misuse’ deaths registered in 2010 have been published by the National Records of Scotland (NRS, 2011).

### 1. Demography

Notifications of 365 drug-related deaths occurring in 2010 were received by the SCDEA, covering the following police force areas: Central Scotland (3.0%); Dumfries & Galloway (0.5%); Fife (8.5%); Grampian (10.4%); Lothian & Borders (21.6%); Northern (1.9%); Strathclyde (45.2%); and Tayside (8.8%). This represents a fall of 23.8% compared to 2009 (479 cases).

The majority (78%) of cases were male (Table 5.1). The median age at death was 34.1 years (semi-interquartile range = 7.2) (Figure 4.1). Most cases (81%) were under 45 years. Where ethnicity was known, 99.7% were White.

### 2. Location of death

In line with data protection, the SCDEA database structure does not record information on living arrangements and place of death. Where such information was available (only 14 Scottish cases), 8 died at a defined residential address, and 5 in hospital.

### 3. Cause(s) of death

Of the fatalities (94.5%) were considered to be accidental (i.e. clearly non-deliberate) poisoning; this reflects the definition being used by Scottish police. Intentional poisonings accounted for 0.8% and poisonings of undetermined intent 90.3%. Deaths due to trauma (0.8%) and mental disorders due to psychoactive substances (3.3%) accounted for most the remaining cases.

### 4. Substances implicated in death

#### 4.1 All substances

Psychoactive drugs were not directly implicated in only 0.8% of cases (n = 3). Of the remaining 365 cases, the principal substances implicated were: heroin/morphine (59%); methadone (38%); hypnotics/sedatives (25%); alcohol in combination with other substances (27%); other opiates/ opioid analgesics (10%); and cocaine (9%) (Table 5.2).

Figure 4.2 takes into account data where one of the following drugs was known to be implicated: alcohol-in-combination; anti-depressants; cocaine; ecstasy-type drugs; heroin/morphine; methadone; hypnotics/sedatives; or other opiates/opioid analgesics.

#### 4.2 Single substances

The following substances, as the sole implicated drug, accounted for 134 (37%) deaths: heroin/morphine (24%); methadone (8%); cocaine (1%); other opiates/opioid analgesics (1%); amphetamines (1%) and hypnotics/sedatives (<1%) (Table 5.2).

**Table 5.1: Demographic variables for drug-related deaths as reported by Scottish police forces to the SCDEA, 2010**

Variable	Category	Number (%)
Total		365 (100.0)
Gender	Male	365 (78.1)
	Female	80 (21.9)
Age-group (years)	Under 15	0 (0.0)
	15-24	58 (15.9)
	25-34	132 (36.2)
	35-44	107 (29.3)
	45-54	56 (15.3)
	55-64	12 (3.3)
	65 & over	0 (0.0)

**Table 5.2: Psychoactive substances implicated in drug-related deaths as reported by Scottish police forces to the SCDEA, 2010**

Drug category	Number (%) of cases where no other substance was implicated	Number (%) of cases where drug was implicated*
Total	362 (100.0)	362 (100.0)
Alcohol-in-combination	-	147(31.4)
Amphetamines	3 (0.8)	6 (1.6)
Anti-depressants	3 (0.8)	22 (6.0)
Anti-epileptics	0 (0.0)	3 (0.8)
Anti-Parkinson's	0 (0.0)	0 (0.0)
Anti-psychotics	0 (0.0)	2 (0.6)
Cannabis	0 (0.0)	0 (0.0)
Cocaine	5 (1.4)	32 (8.9)
Ecstasy-type drugs	0 (0.0)	3 (0.8)
GHB/GBL	3 (0.8)	5 (1.4)
Heroin/morphine	86 (23.8)	215 (59.4)
Hypnotics/sedatives	1 (0.3)	92 (25.4)
Methadone	30 (8.3)	139 (38.4)
Other opiates/opioid analgesics	3 (0.8)	37 (10.2)

Note: Column totals may sum to more than 100% since more than one substance may be implicated in a death.

Figure 5.1: Drug-related deaths as reported by Scottish police forces to the SCDEA, by age and gender, 2010

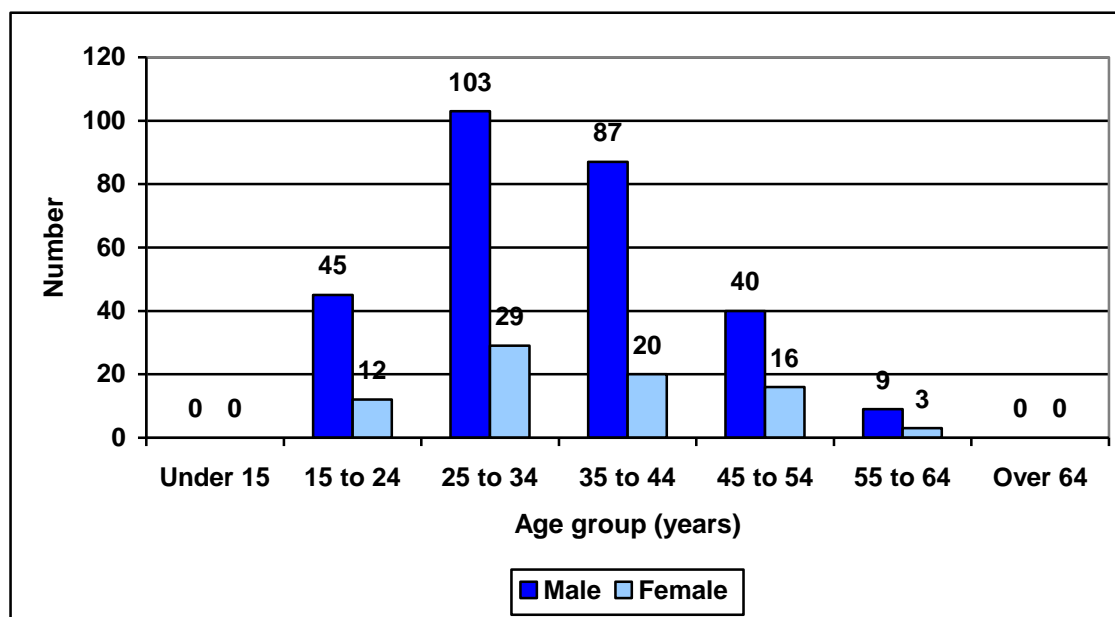
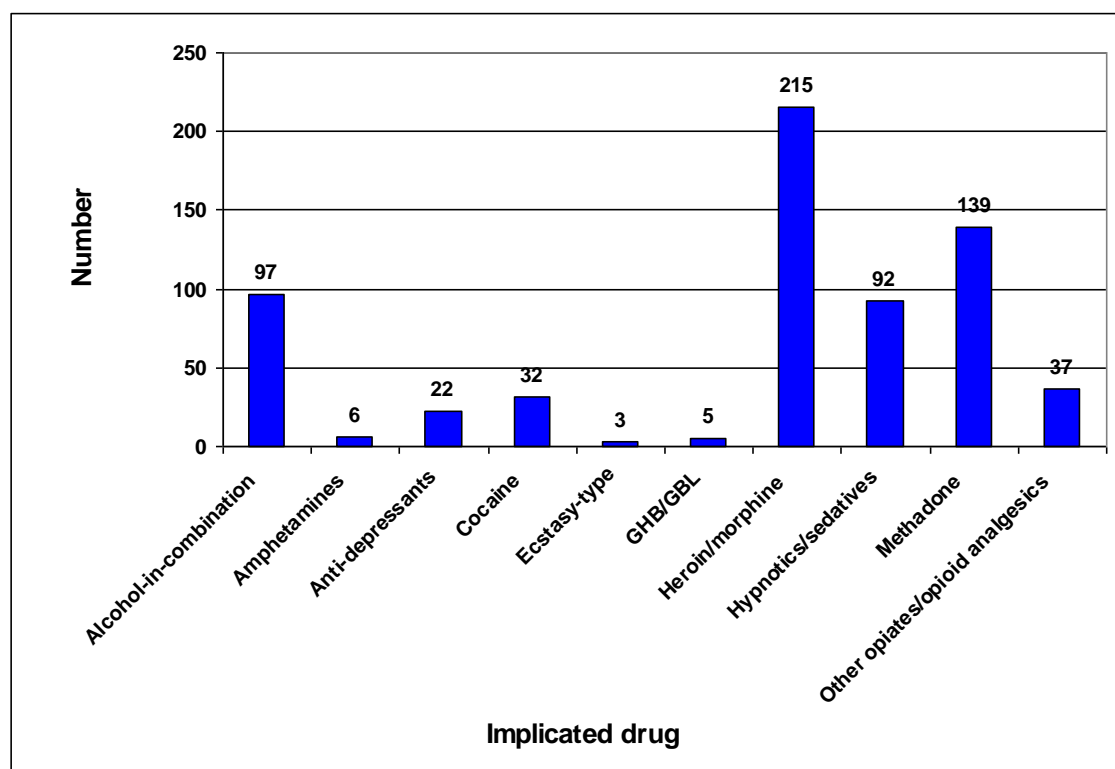


Figure 5.2: Drug-related deaths as reported by Scottish police forces to the SCDEA, by selected psychoactive drug implicated, 2010



## 5. Age and drug implicated in death

Heroin/morphine was the most frequently mentioned drug contributing to fatality for all of the individual age-groups (Table 5.3), occurring in between 45% and 75% of cases.

**Table 5.3: Age and psychoactive drug implicated in drug-related deaths as reported by Scottish police forces to the SCDEA, 2010**

Age-group (years)	Number (%)	Drug category (alone or in combination) most frequently implicated in each age group
All ages	362 (100.0)	Heroin/morphine (59.4%)
14 & under	0 (0.0)	-
15–24	56 (15.5)	Heroin/morphine (58.9%)
25–34	131 (36.2)	Heroin/morphine (63.4%)
35–44	107 (29.5)	Heroin/morphine (58.9%)
45–54	56 (15.5)	Heroin/morphine (48.2%)
55–64	12 (3.3)	Heroin/morphine (75.0%)
65 and over	0 (0.0)	-

## 6. Gender and drug implicated in death

In males (n = 283) and females (n = 79), heroin/morphine was the most frequently mentioned drug, accounting for 71% and 59% of fatalities respectively. However, the pattern of other drug-specific fatality was somewhat different in male and female cases.

Among males, the most frequently mentioned drugs were: heroin/morphine (62%); methadone (34%); hypnotics/sedatives (27%); alcohol-in-combination (26%); other opiates/opioid analgesics (9%); and cocaine (9%). Furthermore, there appears to be a higher proportion of cases of drug-specific fatality among males compared to females in respect of heroin (62% vs. 52%) and hypnotics/sedatives (27% vs. 20%).

Among female cases, the most frequently mentioned drugs were: methadone (54%); heroin/morphine (52%); alcohol-in-combination (29%); hypnotics/sedatives (20%); other

opiates/opioid analgesics (14%); anti-depressants (10%); and cocaine (9%). Compared to male cases, it appears that female cases had a higher proportion of fatality associated with methadone (54% vs. 34%); anti-depressants (10% vs. 5%); other opiates/opioid analgesics (14% vs. 9%); and alcohol-in-combination (29% vs. 26%).

## 7. Regional data

The number of drug-related deaths reported by police to the SCDEA and meeting the np-SAD case criteria fell from 312 in 2004 to 254 in 2005 and then rose to 374 in 2006. The figure for 2007 was 357, but rose to a new peak of 478 in 2008, remaining stable in 2009. This figure fell in 2010 to 365, a decrease of 23.8% (Table 5.4). The rates in the Fife, Grampian, Lothian & Borders, Strathclyde and Tayside police force areas are on a par with some of the higher rates reported in England and Wales.

**Table 5.4: Deaths meeting *np*-SAD criteria as reported by Scottish police forces to the SCDEA, per 100,000 population by police force area, 2008-10**

Police force area	Number of deaths 2008	Annual death rate per 100,000 population 2008 <sup>(1)</sup>	Number of deaths 2009	Annual death rate per 100,000 population 2009 <sup>(1)</sup>	Number of deaths 2010	Annual death rate per 100,000 population 2010 <sup>(1)</sup>
Central Scotland Police	13	4.48	10	4.22	11	4.60
Dumfries & Galloway Constabulary	8	5.38	9	7.27	2	1.62
Fife Constabulary	33	9.12	28	9.39	31	10.33
Grampian Police	47	8.71	43	9.58	38	8.36
Lothian & Borders Police	82	8.81	89	11.47	79	10.03
Northern Constabulary	12	4.17	15	6.33	7	2.92
Strathclyde Police	244	11.02	237	13.02	165	9.02
Tayside Police	39	9.82	48	14.54	32	9.58
Scotland	478	9.25	479	11.19	365	8.47
(1) The rate per 100,000 population is based on published mid-year population estimates for local government administrative areas for the years in question.						

## 8. Commentary

Whilst data received by *np*-SAD from coroners suggests that the number of drug-related deaths decreased in England and Wales but increased slightly in Northern Ireland during 2010, information from the Scottish police indicates a fall in SCDEA cases. Figures released by the National Archives of Scotland (NRS) show a modest fall in deaths registered in 2010, using a number of different definitions (NRS, 2011).

Where recorded by the SCDEA, the demographic profile of those who died from drug-related causes is similar to those in other parts of the UK e.g. a higher proportion of

males to females, aged typically 25-44 years, and White.

The overwhelming majority of deaths were accidental drug overdoses. The level in Scotland was much higher than in other regions reflecting the different case definition used by Scottish police forces. Opiates such as heroin and methadone are implicated in the majority of cases, and play a larger role than in other regions. Alcohol-in-combination with other substances and hypnotics/sedatives (which are mostly diazepam and temazepam) also feature prominently in Scottish deaths. There was a fall in the involvement of cocaine.



## Chapter 6: Drug-related deaths in the Islands (Guernsey, Jersey, and the Isle of Man)

This chapter reports on deaths in 2010 and examines the pattern of drug-related deaths in the Islands between 2006 and 2010. Coroners and their equivalents in Guernsey, Jersey and the Isle of Man routinely submit returns on drug-related deaths to the np-SAD that meet the Programme's case criteria.

As there are comparatively few cases in a single year, even when combining data for the Islands together, data for 2006-10 have been aggregated together so that the findings are more statistically robust.

### 1. Demography

To date, the Programme has been notified of four relevant deaths on Jersey, two on the Isle of Man, and one on Guernsey during 2010. A total of 52 drug-related deaths occurred between 2006 and 2010: 10 in 2006, 12 in 2007, 9 in 2008, 14 in 2009 and 7 in 2010. This shows a relatively stable situation in drug-related deaths in the three Islands between

2006 and 2010, with some year to year fluctuations. The number of deaths in this 5-year period was 3 in Guernsey, 33 in Jersey and 16 in the Isle of Man. In 2010 the number of deaths per 100,000 population aged 16 years and over was 2.91 for the Isle of Man, 4.45 for Jersey, and 1.91 for Guernsey (Tables 6.1 and 6.2).

Nearly four-fifths (79%) of the cases during the 5-year period were male (Table 6.3). The median age at death was 36.9 years (semi-interquartile range = 7.6). Four-fifths (81%) of cases were under 45 years (Figure 6.1). The overwhelming majority (98%) of decedents were White. Equal proportions were unemployed and employed (40%); there was a similar situation in respect of those living alone or with others (44%). Addict status was known in 45/52 cases, 62% of which had a history of dependence. Key demographics and the principal drugs implicated in death during 2010 are given for the individual Islands in Table 6.4.

**Table 6.1: Changes in annual death rate per 100,000 population for np-SAD cases (16 years old and over), and annual percentage of all inquests held, by Island, 2009 and 2010**

Island	Annual death rate per 100,000 population 2008 <sup>(1)</sup>	Annual % of all inquests held in 2008 <sup>(2)</sup>	Annual death rate per 100,000 population 2009 <sup>(1)</sup>	Annual % of all inquests held in 2009 <sup>(2)</sup>	Annual death rate per 100,000 population 2010 <sup>(1)</sup>	Annual % of all inquests held in 2010 <sup>(2)</sup>
Guernsey	0.00	0.00	0.00	0.00	1.91	6.67
Jersey	7.54	11.76	8.72	14.00	4.45	9.09
Isle of Man	4.47	7.89	7.38	12.82	2.91	8.70

Note: (0) refers to either no drug-related deaths or death rates of less than 0.01, whilst (–) indicates that no reports were submitted for the specific period from that jurisdiction or area. In subsequent reports these rates may increase as more inquests on deaths in 2010 are held and/or notified to the np-SAD. These rates should therefore be regarded as minimum rates.

(1) Notified after the publication of the np-SAD Annual Report, 2010.

(2) The rate per 100,000 population is based on published mid-year population estimates for local government administrative areas for the years in question.

(3) Includes updated information submitted in 2010/11.

**Table 6.2: Number and rate per 100,000 population (16 years and over) for *np*-SAD cases, by place of residence and death, by Island, 2010**

Island	National and annual death rate per 100,000 population – usual area of residence		National and annual death rate per 100,000 population – place of death	
	No	Rate	No	Rate
Guernsey	1	1.91	1	1.91
Jersey	4	4.45	4	4.45
Isle of Man	2	2.91	2	2.91

**Table 6.3: Demographic variables for drug-related deaths meeting *np*-SAD criteria, the Islands, 2006-2010**

Variable	Category	Number (%)
Total		52
Gender	Male	41 (78.8)
	Female	11 (21.2)
Employment status	Employed	21 (40.4)
	Unemployed	21 (40.4)
	Childcare/house person	2 (3.8)
	Student/pupil	1 (1.9)
	Retired/sickness/invalidity	6 (11.5)
	Not known	1 (1.9)
Living arrangements	Alone	23 (44.2)
	With others	23 (44.2)
	No fixed abode	1 (1.9)
	Other	3 (5.8)
	Not known	2 (3.8)

**Table 6.4: Key demographics and principal drugs implicated in death for *np*-SAD cases, by Island, 2010**

Island	N o	Gender		Age group						Ethnicity					Main Drug Strategy drug implicated					
	Total	Male	Female	15-24	25-34	35-44	45-54	55-64	>64	White	Black	Asian	Other	Not known	Heroin/ morphine	Methadone	Hypnotics/ sedatives	Cocaine	Amphetamine	Ecstasy-type
Guernsey	1	1	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Jersey	4	4	0	0	2	2	0	0	0	4	0	0	0	0	1	0	4	0	0	0
Isle of Man	2	1	1	0	0	2	0	0	1	2	0	0	0	0	0	1	0	0	0	0
Note: Some cases were usually resident outside the Islands.																				

Note: Some cases were usually resident outside the Islands.

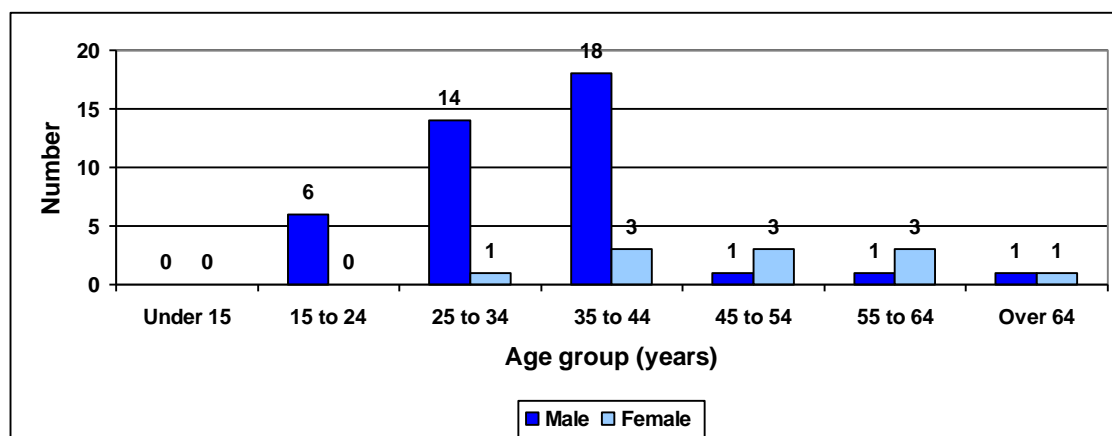
## 2. Location of death

Most fatalities (83%) occurred at a defined residential address (i.e. the deceased's home address or other private residential address). Ten percent occurred in hospital and 7% elsewhere.

## 3. Cause(s) of death

Based on the information available from coroners, 62% of cases died from accidental poisoning, 29% from intentional self-poisoning, and in 6% of cases the intent with regard to poisoning was undetermined. Other causes accounted for the remaining cases.

**Figure 6.1: Drug-related deaths meeting np-SAD criteria, by age and gender, the Islands, 2006-2010**



## 4. Substances implicated in death

### 4.1 All substances

Psychoactive drugs were directly implicated in all 52 cases. The principal substances implicated were: other opiates/opioid analgesics (22); heroin/morphine (21); (11); alcohol-in-combination (11); hypnotics/sedatives anti-depressants (8); methadone (6) and anti-psychotics (3) (Figure 6.2).

Figure 6.2 takes into account data where one of the following drugs was known to be

implicated: alcohol-in-combination; amphetamines; anti-depressants; anti-epileptics; anti-Parkinson's; anti-psychotics; cannabis; cocaine; ecstasy-type drugs; GHB; heroin/morphine; hypnotics/sedatives; methadone; and other opiates/opioid analgesics.

### 4.2 Single substances

The following substances, as the sole implicated drug, accounted for 25/52 (48%) deaths: anti-depressants; heroin/morphine; hypnotic/sedatives, methadone, and other opiates/ opioid analgesics (Table 6.5).

**Table 6.5: Psychoactive substances implicated in deaths meeting np-SAD criteria, the Islands, 2006-2010**

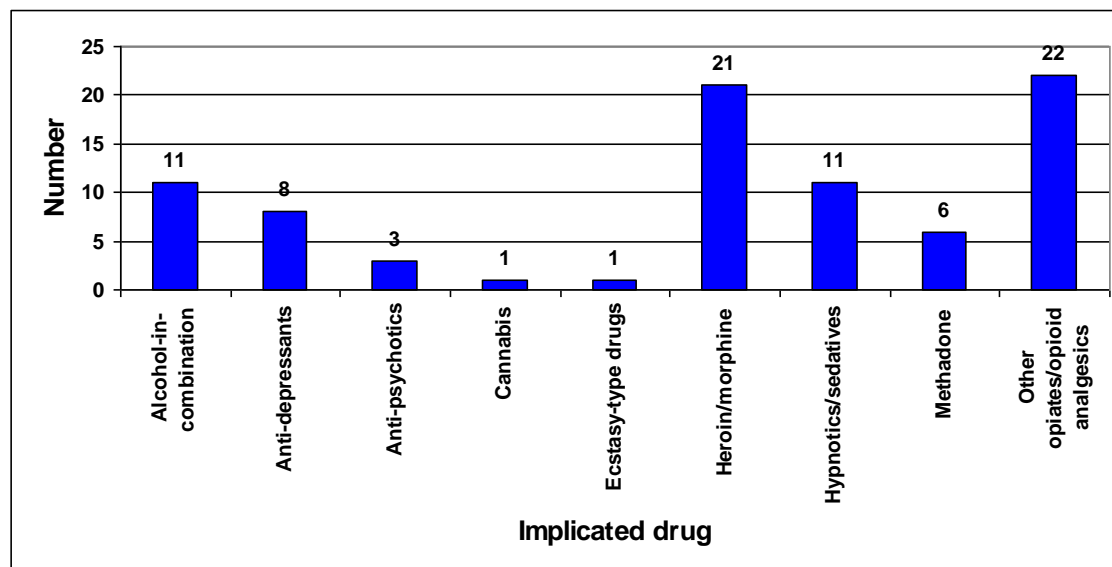
Drug category	Number of cases where no other substance was implicated (N = 52)	Number of cases where drug was implicated (N = 52)
Alcohol-in-combination	-	11
Anti-depressants	2	8
Anti-psychotics	0	3
Cannabis	0	1
Ecstasy-type drugs	0	1
Heroin/morphine	11	21
Hypnotics/sedatives	1	11
Methadone	1	6
Other opiates/opioid analgesics	11	22

### 5. Age and drug implicated in death

In all ages, other opiates/opioid analgesics (22) were the leading substances implicated, followed by heroin/morphine (21). However, for individual age groups, heroin/morphine was the leading implicated drugs among younger

age groups (less than 45 years). Hypnotics/sedatives; other opiates/opioid analgesics; and anti-depressants drugs were the most frequently mentioned substance contributing to fatality in the remaining age-groups (Table 6.6).

**Figure 6.2: Drug-related deaths *np*-SAD criteria, by psychoactive drug implicated, the Islands, 2006-2010**



### 6. Gender and drug implicated in death

The pattern of other drug-specific fatality was somewhat different in male and female cases. Among males, the most frequently mentioned drugs were: heroin/morphine (18); other opiates/opioid analgesics (16); hypnotics/sedatives (10); alcohol-in-combination (9); anti-depressants (3); methadone (6); and cannabis, anti-psychotics and ecstasy-type mentioned in one fatality.

Among female cases, the drugs mentioned most commonly were: other opiates/opioid analgesics (6); anti-depressants (5); heroin/morphine (3); alcohol-in-combination (2); anti-psychotics (2); and hypnotics/sedatives (1). There were no fatalities due to methadone, cannabis and ecstasy-types among females. Compared to male cases, female cases had a higher proportion of fatality associated with other opiates/opioid analgesics (55% vs. 39%) and anti-depressants (46% vs. 7%), and anti-psychotics (18% v. 2%).

**Table 6.6: Age and psychoactive drug implicated in deaths reported by Guernsey, Isle of Man and Jersey coroners at the Islands meeting *np*-SAD criteria, 2006-2010**

Age-group (years)	Number where substance implicated	Drug category (alone or in combination) most frequently implicated in each age group
All ages	52	Other opiates/opioid analgesics (22) Heroin/morphine (21) Hypnotics/sedatives (11) Alcohol in combination (11) Anti-depressants (8) Methadone (6) Anti-psychotics (3) Cannabis (1) Ecstasy-type drugs (1)
15-24	6	Heroin/morphine (4) Other opiates/opioid analgesics (2) Anti-depressants (2) Hypnotics/sedatives (1)
25-34	15	Heroin/morphine (9) Other opiates/opioid analgesics (7) Alcohol-in-combination (2) Hypnotics/sedatives (2) Methadone (2) Cannabis (1)
35-44	21	Heroin/morphine (7) Alcohol in combination (7) Other opiates/opioid analgesics (7) Hypnotics/sedatives (6) Methadone (4) Anti-depressants (2) Anti-psychotics (1) Ecstasy-type (1)
45-54	4	Other opiates/opioid analgesics (3) Alcohol-in-combination (2) Anti-depressants (1) Anti-psychotics (1) Heroin/morphine (1) Hypnotics/sedatives (1)
55-64	4	Anti-depressants (3) Other opiates/opioid analgesics (2) Anti-psychotics (1)
65 & over	2	Hypnotics/sedatives (1) Other opiates/opioid analgesics (1)

## 7. Commentary

The number of deaths notified to the Programme from the Islands showed falls for the Isle of Man and Jersey in 2010. Guernsey reported one case (none in 2009). The general demographic profile of cases in the Islands is in line with the pattern in the UK as a whole, although far fewer appear to have had a known history of drug dependence or use.

When data for the three Islands are combined together, the profile of the psychoactive substances implicated in these cases is broadly similar across the period 2006-10. The role of specific types of drugs in drug-related mortality continues to show differences to those occurring in England and to a lesser extent in Wales. There are proportionately fewer deaths involving methadone and stimulants. However, there is a greater role played by other opiate/opioid analgesics; heroin/morphine; and anti-depressants.

## Chapter 7: Drug-related deaths in the United Kingdom

### 1. Numbers of deaths reported

The total number of deaths that occurred during 2010 in the UK reported to the National Programme on Substance Abuse Deaths (np-SAD) was 1,883. This number compares to 2,182 cases reported by the same sources during the equivalent period in 2009. This change represents a decrease of 13.7% for the UK in the number of notifications to the Programme, but not necessarily in drug-related mortality during this period.

Of the 1,883 drug-related deaths reported for 2010, England was 1,358; Scotland 365; Wales 81; Northern Ireland 72; and the Islands 7. In 2009 out of the 2,182 England had 1,524; Scotland 479; Wales 102; Northern Ireland 65; and the Islands 12.

As in the previous Annual Reports, those inquests which have not been completed will be added to next year's figure.

The number of cases reported from England represents a decrease of 10.9% over the number reported during the equivalent period last year. In Wales there was a fall of 20.6%, and in the Islands one of 41.7% (but numbers are small). Northern Ireland exhibited an increase of 10.8%. Drug-related cases in Scotland recorded by the SCDEA fell by 23.8%.

There was a decrease in the number of drug-related deaths generally across the UK and Islands, although this varied from region to region, and Northern Ireland actually reported an increase. This decrease may be attributable to the fall in the number and proportion of

deaths where heroin/morphine was implicated demonstrated in the present report, and elsewhere (ONS, 2011; NRS, 2011). A decrease in the number of deaths involving cocaine has been noted, and to a lesser extent in other stimulants.

### 2. Demography

The majority (74%) of cases were male (Table 7.1 and Figure 7.1). This proportion varied from 72% in England to 78% in Scotland. Where ethnicity was known, the majority were White (96%). The proportion of individuals living with others ranged from 37% in Wales to 50% in Northern Ireland. About two-fifths (41%) of decedents were known to be unemployed.

The median age at death was 38.5 years (semi-interquartile range = 8.2 years) for all sources combined; they ranged from 34.1 years in Scotland to 42.0 years in Northern Ireland. There were also differences in the median ages broken down by gender; 37.5 years (semi-interquartile range = 7.5 years) for males compared to 42.7 years (semi-interquartile range = 9.2 years) for females. Figures 7.2 and 7.3 give breakdowns by age-group, and by gender and age-group respectively.

The above differences reflect distinctions in the nature and purpose of the data sources, the types of cases covered, and the volumes of cases dealt with by them. These variations also illustrate the limitations on making comparisons between them.

**Table 7.1: Demographic variables for drug-related deaths, UK, 2010**

Variable	Category	Number (%)
Total		1,883 (100.0)
Gender	Male	1,386 (73.6)
	Female	497 (26.4)
Age-group (years)	Under 15	4 (0.2)
	15-24	188 (10.0)
	25-34	544 (28.9)
	35-44	591 (31.4)
	45-54	348 (18.5)
	55-64	137 (7.3)
	Over 64	71 (3.8)
Location of death	Defined residential address	1,168 (62.0)
	Hospital	207 (11.0)
	Other	141 (7.5)
	Not known	367 (19.5)

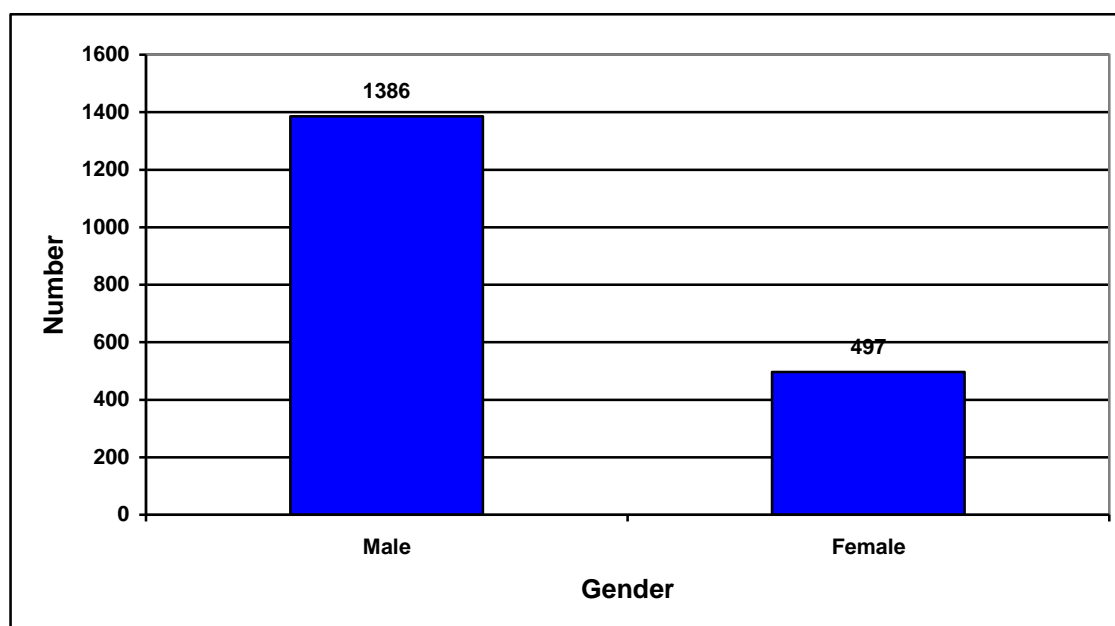
**Figure 7.1: Drug-related deaths by gender, UK, 2010**

Figure 7.2: Drug-related deaths by age, UK, 2010

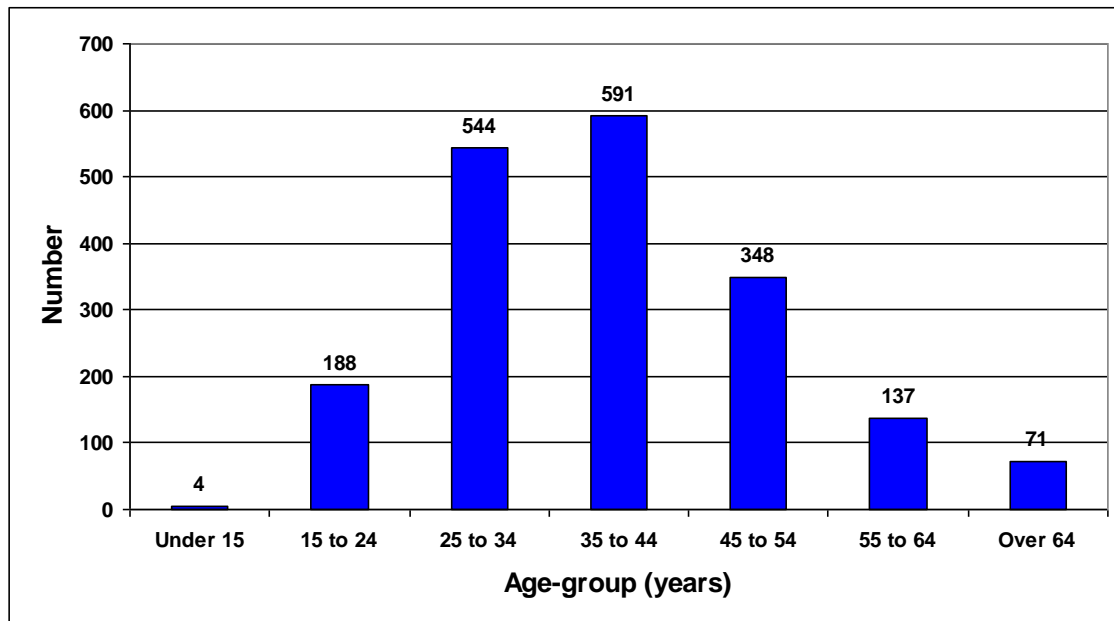
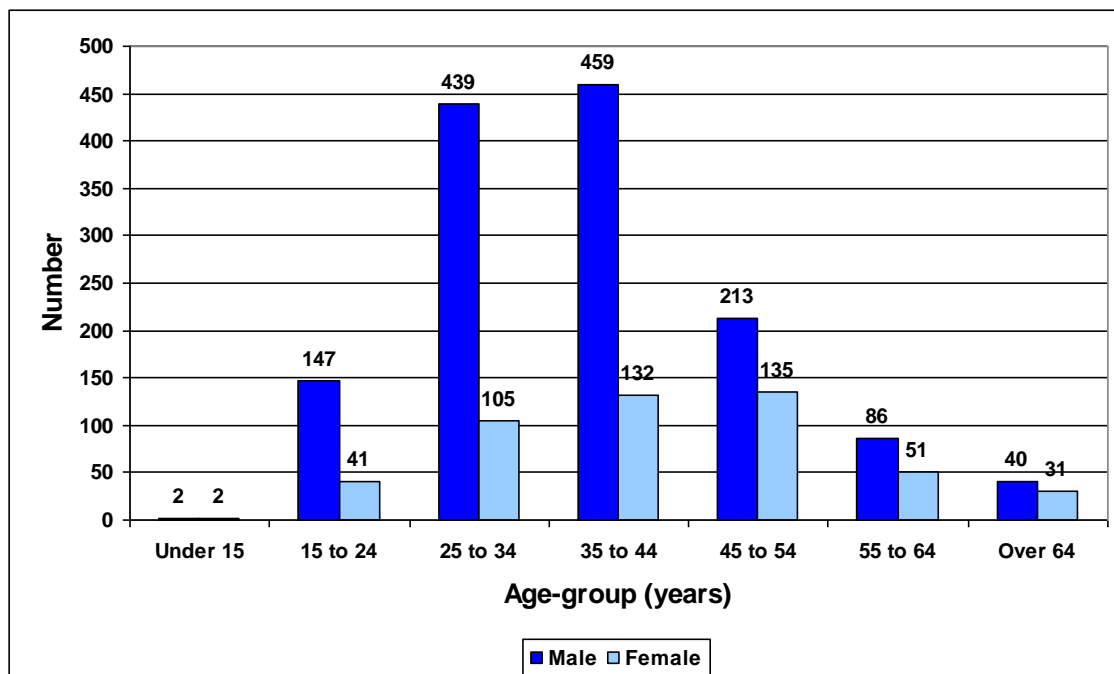


Figure 7.3: Drug-related deaths by age and gender, UK, 2010





### 3. Location of death

Where place of death was reported, about 77% died at a defined residential address (i.e. the deceased's home address or other private residential address), 13% died in hospital and 10% died elsewhere (e.g. in a public place). The proportion dying at a defined residential address ranged from 75% in England to 90% in Wales. The corresponding proportions for deaths in hospital ranged from 1% in Wales to 14% in England. Such information was available in only 13 Scottish cases; of these, 8 died at home and 5 in hospital. In line with data protection, the SCDEA database structure does not record information on living arrangements and place of death.

### 4. Cause(s) of death

The majority of fatalities (63.8%) were considered to be accidental (i.e. clearly non-deliberate) poisoning, 10.8% from intentional self-poisoning, and 10.5% for poisonings of undetermined intent. The remaining cases (14.9%) were related to other causes of death. There are differences between different parts of the UK and Islands in the proportions of deaths accounted for by these main groupings of underlying cause(s) of death (Table 7.2). These reflect, in part, differences between the SCDEA and np-SAD case definitions. A detailed breakdown for all cases covered by this report is given in Table 7.3.

**Table 7.2: Main underlying causes of death, by country and territory, 2010**

Underlying cause of death (%)	Country or territory							
	England	Wales	Scotland	Northern Ireland	Guernsey	Jersey	Isle of Man	UK & Islands
Accidental poisoning	59.9	75.3	94.5	12.5	100.0	50.0	50.0	63.8
Intentional poisoning	13.8	9.9	0.8	2.8	0.0	50.0	50.0	10.8
Poisoning of undetermined intent	10.0	8.6	0.3	72.2	0.0	0.0	0.0	10.5
Other causes	16.3	6.2	4.4	12.5	0.0	0.0	0.0	14.9
Number of deaths	1358	81	365	72	1	4	2	1883
Rate of drug-related deaths/100,000 population aged 16	3.16	3.30	8.47	4.94	1.91	4.45	2.91	3.36

Table 7.3: Drug-related deaths by underlying cause(s) of death, UK and Islands, 2010

ICD-10	No. of cases (n = 1,883)	%	Description
X40	17	0.9	<i>Accidental poisoning</i> Non-opioid analgesics, antipyretics and anti-rheumatics
X41	133	7.1	Anti-epileptic, sedative-hypnotic, Anti-parkinsonism and psychotropic drugs, not elsewhere classified
X42	1022	54.3	Narcotics and psychodysleptics (hallucinogens), not elsewhere classified
X43	2	0.1	Other drugs acting on the autonomic nervous system
X44	33	1.8	Other and unspecified drugs, medicaments and biological substances
X45	21	1.1	Alcohol
X47	4	0.2	Gases
X60	14	0.7	<i>Intentional self-poisoning</i> Non-opioid analgesics, antipyretics and anti-rheumatics
X61	94	5.0	Anti-epileptic, sedative-hypnotic, Anti-parkinsonism and psychotropic drugs, not elsewhere classified
X62	90	4.8	Narcotics and psychodysleptics (hallucinogens), not elsewhere classified
X64	3	0.2	Other and unspecified drugs, medicaments and biological substances
X65	1	0.1	Alcohol
X67	1	0.1	Gases
X68	1	0.1	Pesticides
Y10	11	0.6	<i>Poisoning of undetermined intent</i> Non-opioid analgesics
Y11	67	3.6	Anti-Parkinsonism drugs
Y12	113	6.0	Narcotics/psychodysleptics
Y13	1	0.1	Other drugs acting on autonomic nervous system
Y14	4	0.2	Other/unspecified drugs
Y15	1	0.1	Alcohol
Y49.5	1	0.1	Adverse effects of antipsychotics
F10.2	2	0.1	<i>Mental &amp; behavioural disorders due to psychoactive substance use</i> Chronic alcoholism
F11.0	5	0.3	Intoxication – opiates
F11.1	9	0.5	Harmful use - opioids
F11.2	7	0.4	Dependence – opioids
F13.0	2	0.1	Intoxication – hypnotics/sedatives
F15.0	8	0.4	Intoxication – stimulants
F15.1	1	0.1	Abuse - stimulants
F15.2	1	0.1	Dependence – stimulants
Z72.2	8	0.4	Drug abuse, personal history
G35	1	0.1	<i>Brain</i> Multiple sclerosis
G40.5	1	0.1	Epilepsy related to alcohol and drugs
G40.9	1	0.1	Epileptic seizures
I11	2	0.1	<i>Cardiovascular system – diseases, defects or conditions affecting</i> Hypertensive heart disease
I20-I25	4	0.2	Ischaemic heart diseases
I25.1	8	0.4	Atherosclerotic heart disease
I26.9	1	0.1	Pulmonary embolism
I27.2	1	0.1	Other secondary pulmonary hypertension
I38	1	0.1	Endocarditis, valve unspecified
I40.9	1	0.1	Acute Myocarditis
I42.9	2	0.1	Cardiomyopathy, unspecified
I51.4	1	0.1	Myocarditis, unspecified
I51.9	1	0.1	Myocardial degeneration
I61.9	2	0.1	Intracerebral haemorrhage
I70	1	0.1	Aneurysm of artery of lower extremity
I72.4	1	0.1	Arterial embolism/thrombosis
I95.8	1	0.1	Other hypotension

ICD-10	No. of cases (n = 1,883)	%	Description
J18.0	4	0.2	<i>Diseases of the respiratory system</i> Bronchopneumonia
J18.1	1	0.1	Lobar pneumonia
J20	1	0.1	Acute bronchitis
J22	1	0.1	Unspecified acute lower respiratory infection
J43	3	0.2	Emphysema
J44.9	1	0.1	Chronic obstructive airways disease
J69.0	2	0.1	Aspiration pneumonia
J80	1	0.1	Adult respiratory distress syndrome
R96	1	0.1	Sudden adult death syndrome
K22.6	1	0.1	<i>Diseases of the liver</i> Gastro-oesophageal laceration-haemorrhage syndrome
K25	1	0.1	Gastric ulcer
K70	2	0.1	Alcoholic liver disease
K72.0	2	0.1	Hepatic failure
K72.9	1	0.1	Hepatic failure, unspecified
K74.6	2	0.1	Other & unspecified liver cirrhosis
K76.0	1	0.1	Fatty (change of) liver, not elsewhere classified
K92.2	1	0.1	Gastrointestinal haemorrhage, unspecified
V03	1	0.1	<i>Road traffic incidents</i> Pedestrian hit by vehicle
V23	3	0.2	Motorcycle rider injured in collision with car, etc
V27	2	0.1	Motorcycle rider in collision with fixed/stationary object
V43.5	4	0.2	Car driver injured in collision with car, etc
V47.5	1	0.1	Driver injured in collision with fixed/stationary object
V48.5	3	0.2	Car driver injured in non-collision accident
V49.9	1	0.1	Vehicle occupant injured in RTA, unspecified
W76	3	0.2	<i>Hanging</i> Other accidental hanging and strangulation
X70	47	2.5	Intentional hanging
Y20	7	0.4	Hanging, undetermined intent
T71	2	0.1	<i>Asphyxia</i> Asphyxiation
W78	1	0.1	Aspiration of gastric contents
W79	1	0.1	Inhalation & ingestion of food obstructing airway
W83	2	0.1	Suffocation by plastic bag
W69	1	0.1	<i>Drowning &amp; submersion</i> Whilst in natural water
W74	1	0.1	Unspecified
Y21	2	0.1	Unspecified intent
W17	3	0.2	<i>Falls</i> Other fall from one level to another
W19	5	0.3	Unspecified fall
X80	2	0.1	Intentional self harm by jumping from a high place
Y30	2	0.1	Falling, jumping or pushed from a high place, undetermined intent
B17.1	2	0.1	<i>Other</i> Acute hepatitis C
B18.2	1	0.1	Chronic viral hepatitis C
E87.2	1	0.1	Metabolic acidosis, exc. diabetic acidosis
L02.2	1	0.1	Groin abscess
M72.6	1	0.1	Necrotising fasciitis
N17	1	0.1	Acute renal failure
S17	1	0.1	Crushing injury of neck
S61	1	0.1	Open wound of wrist and hand
T07	3	0.2	Multiple injuries, unspecified
T38.3	1	0.1	Insulin and oral hypoglycaemic drugs
T58	1	0.1	Asphyxiation from toxic effects of carbon monoxide
T59.9	2	0.1	Toxic effects of other gases, fumes & vapours, unspecified
T68	2	0.1	Hypothermia
T75.4	2	0.1	Electrocution
X73	1	0.1	Intentional self harm by rifle, shotgun & larger firearm discharge

ICD-10	No. of cases (n = 1,883)	%	Description
X81	1	0.1	<i>Other (continued)</i> Intentional self harm by jumping or lying before moving object
X85	1	0.1	Assault by drugs
X99	2	0.1	Assault by sharp object
W26	2	0.1	Contact with knife, sword or dagger (stab wound)
R99	22	1.2	Unascertained

Where possible, causes of death have been grouped together in terms of the mechanisms of death. At present, although all causes of death on the death certificate (together with other information if available) are taken into consideration in classifying underlying cause of death, the principal cause of death is used here by np-SAD to allocate the ICD-10 code. In order to achieve a greater level of consistency, a hierarchical system was introduced for classifying the underlying cause of death using ICD-10 criteria for deaths involving multiple substances. Deaths that involve a combination of narcotics and other psychoactive drugs are coded as narcotic deaths. Where possible a code which specifies intentionality is used.

### 5. Substances implicated in death

Psychoactive drugs were not directly implicated in about 7.9% of cases (n = 149). Of the remaining 1,734 cases, the principal substances implicated were: heroin/morphine (41%); alcohol in combination with other substances (30%); methadone (27%); hypnotics/sedatives (24%); other opiates/opioid analgesics (22%); anti-depressants (18%) and cocaine (9%).

Table 7.4 shows that whilst there are commonalities across the various parts of the UK and Islands in terms of the main psychoactive substances given above being implicated in death, there are noticeable regional differences. For example, hypnotics/

sedatives play a proportionately greater role in Northern Ireland, Scotland and Wales than in England. Heroin/morphine and methadone play lesser roles in Northern Ireland when compared to the rest of the UK, whereas other opiates/opioid analgesics played a greater role. The lesser role played by methadone can be explained, in part, by the fact that methadone is not prescribed as widely in Northern Ireland as in other areas. Anti-depressants also play a greater role in Northern Irish deaths. By contrast they hardly feature in SCDEA cases; however, this reflects the fact that the definition used by the SCDEA does not cover the general population or suicides but accidental overdoses involving controlled drugs.

**Table 7.4: Psychoactive substances (%) implicated in drug-related deaths, by country and territory, 2010**

Drug category	Country or territory							
	England	Wales	Scotland	Northern Ireland	Guernsey	Jersey	Isle of Man	UK & Islands
Total	1,222	78	362	65	1	4	2	1,734
Alcohol-in-combination	31.9	23.1	31.4	30.8	0.0	0.0	0.0	30.2
Amphetamines	3.2	6.4	1.6	0.0	0.0	0.0	0.0	2.9
Anti-depressants	21.5	9.0	6.0	36.9	0.0	25.0	50.0	18.3
Anti-epileptics	2.3	0.0	0.8	3.1	0.0	0.0	0.0	2.0
Anti-Parkinson's	0.6	0.0	0.0	3.1	0.0	0.0	0.0	0.5
Anti-psychotics	5.3	2.6	0.6	16.9	0.0	0.0	0.0	4.6
Cannabis	1.6	0.0	0.0	0.0	0.0	0.0	0.0	1.1
Cocaine	9.3	5.1	8.9	1.5	0.0	0.0	0.0	8.7
Ecstasy-type drugs	0.5	0.0	0.8	0.0	0.0	0.0	0.0	0.6
GHB/GBL	1.1	1.3	1.4	0.0	0.0	0.0	0.0	1.1
Heroin/morphine	37.2	41.0	59.4	13.8	100.0	25.0	0.0	41.1
Hypnotics/sedatives	21.7	28.2	25.4	49.2	0.0	75.0	0.0	23.9
Methadone	25.2	24.3	38.4	3.1	0.0	0.0	50.0	27.0
Other opiates/opioid analgesics	24.9	18.0	10.2	50.8	0.0	50.0	0.0	22.4

Note: Column totals may sum to more than 100% since more than one substance may be implicated in a death.

## 6. Commentary

Whilst data received by np-SAD from coroners suggests that the number of drug-related deaths fell in England and Wales but remained stable in Northern Ireland during 2010, information from the SCDEA police indicate a substantial fall in Scottish police cases. In fact, figures released by the General Register for Scotland show a slight fall in deaths between 2009 and 2010 (NRS, 2011).

Overall, demographic profiles of those who died from drug-related causes are similar across the various countries within the UK e.g. a higher proportion of males to females, aged typically 25-44 years, White, and the majority of cases living with others, there are differences within this general pattern.

Most deaths were accidental drug overdoses, occurring at a private residential address

(typically at home or the home of a friend). Opiates such as heroin, methadone and opioid analgesics are implicated in the majority of cases. Other substances playing major roles in deaths include alcohol-in-combination with substances, hypnotics/sedatives, anti-depressants, and cocaine. However, there are also regional variations in these patterns.

Whilst there appears to have been a decrease in the proportion (and number) of cases involving heroin, the proportions involving methadone and other opiates/opioid analgesics increased slightly. The decline noted in the previous report regarding the role of stimulants (cocaine, amphetamines, and ecstasy-type drugs) in death appears to have stabilised. The patterns obtaining in different parts of the UK, and possible reasons for the continuing changes in recreational drug use, are examined in the following chapter.

## Chapter 8: Commentary and emerging themes

### Introduction

This chapter provides up-to-date information on emerging trends and issues to those who investigate drug-related deaths (DRDs) and those who are trying to prevent such fatalities. The main trends and issues

highlighted here emerge from the submitted forms, communications from coroners, and other relevant sources. This section also draws on published sources and intelligence from forensic toxicological agencies.

### General patterns

The total number of deaths that occurred during 2010 in the UK reported to the National Programme on Substance Abuse Deaths (*np-SAD*) was 1,883. This number compares to 2,182 cases reported by the same sources during the equivalent period in 2009. This change represents a decrease in the number of notifications to the Programme, but not necessarily in drug-related mortality during this period. Similarly, the decreased number of cases reported by coroners in England and Wales, and by the SCDEA for Scotland, does not necessarily mean a decrease in deaths related to drug use.

The demographic profile of fatalities reported to the *np-SAD* remains consistent with previous reports. There was a decrease in the proportion of UK deaths where the underlying cause of death was accidental poisoning (down from 72% to 64%) with corresponding increases in the proportions recorded as intentional self-poisoning and poisoning of undetermined intent.

Opiates/opioids (i.e. heroin/morphine; methadone; other opiates/opioid analgesics), alone or in combination with other drugs continue to account for the majority of all cases. Heroin/morphine alone or in combination with other drugs, accounted for the highest proportion (41%) of 'drug misuse'

fatalities in 2010, a decrease over the 2009 level of 53%. There was a slight fall in the proportion of cases involving alcohol in combination (32.0% to 30.2%). There were modest increases in the proportion of deaths due to methadone (23.0% to 27.0%), other opiates/opioid analgesics (20.0% to 22.4%), and anti-depressants (15.5% to 18.3%). For stimulants, there was a fall in the proportion of cases involving cocaine (from 9.1% to 8.7%), but increases for amphetamines (from 2.1% to 2.9%), and ecstasy-type drugs (from 0.4% to 0.6%). These patterns are also generally reflected at country level. Over recent years there has been a trend towards multiple substances, including alcohol, being implicated in deaths. In 2010, there was a stabilisation in the proportion of monovalent deaths, at around 36%.

Prescribed heroin/morphine and methadone are most commonly involved in deaths where these substances are directly implicated in death. Other opiates/opioid analgesics, hypnotics/sedatives, and anti-depressants prescribed to individuals are less likely to be involved in their deaths.

The median age at death of individuals with a known history of drug abuse or dependence notified to the *np-SAD* drug history was 38.0 years (semi-interquartile range = 6.7 years) in 2010.

### Emerging issues

As reported in the previous *np-SAD* report (Ghodse *et al.*, 2010), recent years have seen decreases in the number of deaths involving 'traditional' stimulants such as cocaine, amphetamines, and ecstasy-type substances. Reasons for these decreases, also seen in death registration statistics from

the General Mortality Registers, may include a decline in cocaine purity and/or a shift to using alternative stimulants, including 'legal highs'. For example, the mean purity of powder cocaine seized by the police in England & Wales fell from 33 % in 2007 to 24 % in 2010; the purity of 'Crack' cocaine is

reported to have fallen during the same period from 52 % to 31% (Davies *et al.*, 2011). Last year use of powder cocaine amongst 16–59 year-olds in England & Wales fell from 3 % in 2008/9 to 2 % in 2010/11 (Smith and Flatley, 2011). It has been proposed that the fall in ecstasy and cocaine-related deaths in the United Kingdom since 2008 may be as a result of users switching to ‘legal highs’ with the suggestion that this may have had an unintended harm reduction effect (Bird, 2010).

As part of its surveillance function, in recent years the np-SAD Annual Report has reported on new substances which are appearing on the drug scene and which have either been noted in post mortem toxicological reports and/or implicated in deaths reported to the Programme. In the main, new substances appear first in the toxicological reports and then sometime later in the cause of death.

Against this background, np-SAD has observed an increase in the number and range of Novel Psychoactive Substances (NPS) in the post mortem toxicology results and/or cause of death of cases notified to the

Programme (see Figure 8.1). Chemical groups represented by these NPS include: amphetamine-type substances (PMA, fluoroamphetamine); tryptamines (5-MeO-DALT); and, most prominently, the methcathinones.

### Methcathinones

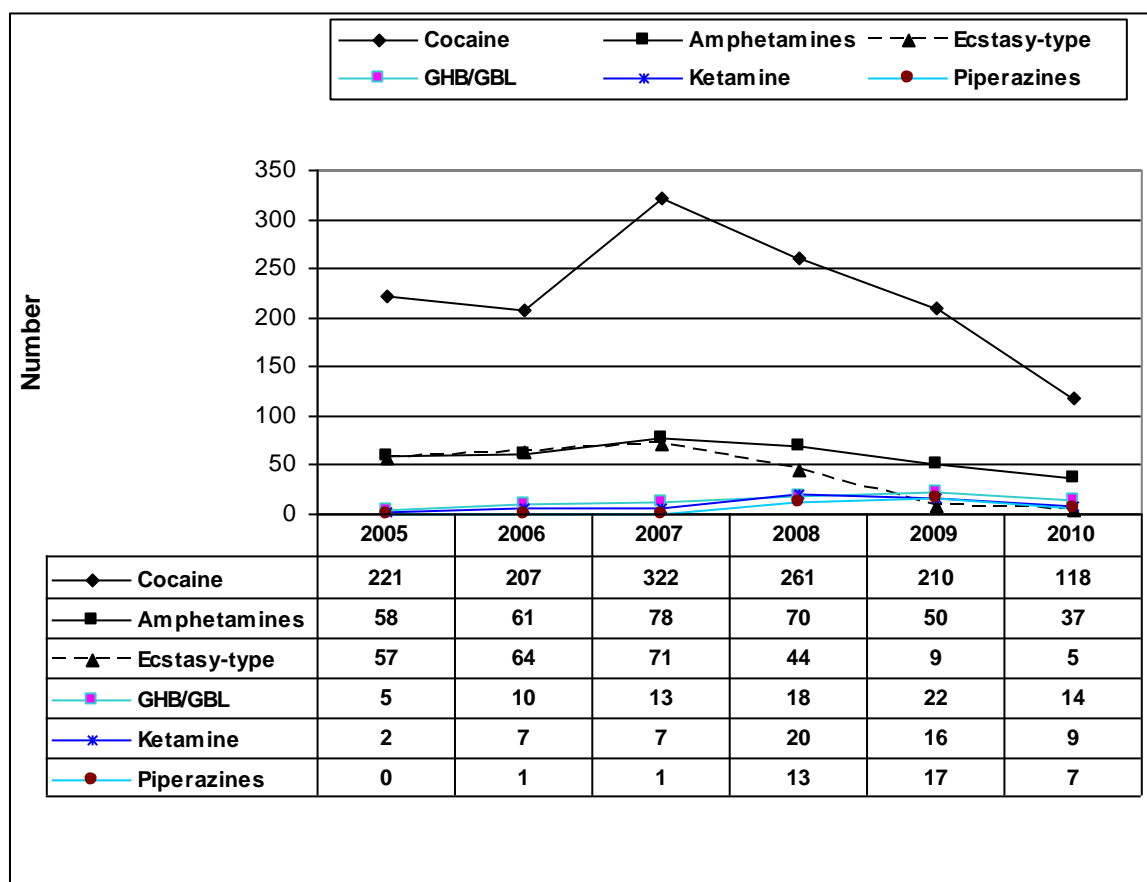
Last year’s report specifically mentioned Mephedrone (Methylmethcathinone), MDPV (Methylenedioxypyrovalerone) and NRG-1 (Naphyrone). As can be seen from Table 8.1, the number of cases where mephedrone and MDPV were mentioned increased significantly in 2010. Other methcathinones also emerged onto the scene; in many instances, several such chemicals were involved in individual cases.

During 2010, forensic toxicologists continued to report increased seizures of ‘legal highs’ derived from methcathinone, particularly mephedrone commonly known as “bubbles” and “meow-meow”. Many of these cases have now gone to inquest or through similar formal investigations by Procurators Fiscal in Scotland, and have been reported to np-SAD.

**Table 8.1: Deaths involving Novel Psychoactive Substances, np-SAD data, 2009-10**

Substance	PM toxicology		Cause of death	
	2009	2010	2009	2010
<b>ATS</b>				
Fluoroamphetamine	1	0	1	0
PMA	0	1	0	0
<b>Tryptamines</b>				
5-MeO-DALT	0	1	0	1
<b>Methcathinones</b>				
Flephedrone	0	2	0	2
MDPV	0	9	0	6
Mephedrone	8	46	5	29
Methedrone	0	2	0	1
Methylone	0	2	0	2
N-desakyl-4-methylmethcathinone	0	1	0	0
Naphyrone	0	2	0	2
Pyrovalerone	0	1	0	1

**Figure 8.1: Trends in UK 'traditional' and Novel Psychoactive Substances, np-SAD data, 2005-10.**



### Heroin contaminated with anthrax

Last year it was noted that since late 2008 there have been substantiated and authoritative reports of heroin (or its cutting agents) contaminated with anthrax, confirmed by laboratory investigations. During the period December 2009 to 30 July 2010 a total of 119 cases, 47 of which were classed as confirmed, 35 as probable and 37 as possible cases based on the strength of the microbiological evidence. Thirteen 13 fatalities (and one probable death) were

reported in Scotland; 6 of these cases have been notified to np-SAD. There were 5 cases in England; four of these were fatal. So far only one of these cases has been reported to np-SAD, but others are expected in due course.

The Scottish cases were the first documented outbreak associated with heroin use anywhere in the world. It proved to be the largest single common source outbreak of anthrax in humans in the UK in over 50 years (HPA Scotland, 2011).

## Conclusions

Opiates, mainly heroin/morphine and methadone, still account for the majority of drug-related deaths in the UK. There is evidence both from np-SAD data and other authoritative sources that the role of heroin/morphine decreased in 2010.

However, deaths involving methadone and other opiates/opioid analgesics rose slightly during the year.

The stabilisation for cases involving the stimulants cocaine, amphetamines, and



ecstasy-type drugs following a decline in 2009 may well be due to the growing use in recent years of so-called 'legal highs' such as ketamine, the piperazines, GHB/GBL, and more recently the methcathinones such as mephedrone. Whilst these are still available their popularity has declined slightly, in part as a consequence of them having been brought under the control of the Misuse of Drugs Act 1971. Indeed, there appears to have been a slight increase in deaths involving amphetamines and ecstasy-type substances. At the same time, other novel substances – principally methcathinones and related chemicals – have emerged and tightened their grip on the recreational drug scene in Western Europe but especially the British Isles.

As noted in the previous report, the rapidity with which these new substances have emerged appears to be at an increasing rate. In the past, the market for new psychoactive substances to explore evolved steadily over much longer periods of time. It is now difficult to gauge with any certainty what will be the next 'big thing' that will capture the attention of the experimenter or regular recreational drug user. The range of drug classes now on offer, both diverted pharmaceutical products such as phenazepam, and synthetic substances is also growing.

Furthermore, there is a lack of information provided to the potential consumer by the retailer as to the true nature of the ingredients in the substance being

purchased. Therefore, it is important that the np-SAD, in collaboration with other surveillance systems, continues to monitor reports from the treatment and forensic toxicology fields and coroners' records so as to be able to alert health professionals about emerging issues, and to suggest to Coroners and pathologists what they might look out for. The Programme continues to feed into the formal scientific evidence-gathering activities of the Advisory Council on the Misuse of Drugs, and the formal risk assessments of Novel Psychoactive Substances conducted by the European Monitoring Centre for Drugs and Drug Addiction.

It is important, however, not to overlook the fact that opiates/opioids still account for the majority of drug-related deaths in England and other parts of the UK. Together with hypnotics/sedatives (chiefly benzodiazepines such as diazepam and temazepam) the involvement of methadone in deaths has increased over the past year.

The injection of heroin contaminated with anthrax or botulism is a continuing and serious risk factor for adverse health consequences and death at present. As heroin can be stockpiled for several years before being released onto the market it is important that vigilance is maintained by heroin users and those who treat them for any tell-tale signs of infection, thereby preventing premature death.

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## **Appendices**

## Appendix 1: The *national programme on Substance Abuse Deaths (np-SAD)*

### Aims and objectives

The Programme's principal aim is to reduce and prevent drug-related deaths in the UK due to the misuse of drugs, both licit and illicit, by collecting, analysing, and disseminating information on the extent and nature of death. The Programme offers a comprehensive prevention package to Drug (and Alcohol) Action Teams (DA(AT)s), Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) with a mission to tackle the problem of drug-related deaths.

The Programme's objectives are to:

- Collect and collate drug-related mortality data
- Develop and maintain a computerised surveillance system
- Identify substances implicated in drug-related deaths – including new drugs and new combinations
- Monitor and examine patterns and trends, e.g. geographic, demographic, substances implicated in death, method of death
- Act as an early warning system for new trends in mortality and drug misuse
- Use data as an indicator to estimate the prevalence of substance-related problems and assess the hazards associated with substance abuse
- Collaborate with relevant agencies in research on substance-related mortality locally, nationally and internationally
- Inform and facilitate discussion on the prevention of drug-related deaths, whether accidental or intentional
- Provide data for local and national drug abuse policy formulation and programme planning
- Disseminate information on drug-related mortality to the scientific community, clinicians, policy makers and other interested parties

### Surveillance data management

Data collated for this programme is stored on the np-SAD coroners' database which was established in 1997. Its purpose is to provide information for the Programme's surveillance system of monitoring drug-related deaths reported by coroners, procurators fiscal and other agencies.

### Data collection

All coroners in the UK (see Appendix 3) are issued with copies of the standard data collection form (see Appendix 4). They are invited to complete the forms on all deaths that meet the criteria described in this report (see Appendix 2) and return them to the np-SAD at the ICDP office at St. George's, University of London for coding and entry onto the database.

Data submission is mostly directly on paper by coroners or their staff. There is also manual completion of the np-SAD data collection form or print-out of completed computer-generated forms using bespoke software. Forms are submitted when inquests are complete – either singly or in batches. Some data are received electronically. Manual extraction of data by team members is undertaken at some coroners' courts – mostly in London.

A monitoring process is undertaken to ascertain the quality of the information received from coroners, as well as the extent to which all relevant cases are being identified and submitted. This assists in further improving the quality of the various outputs that the Programme seeks to provide.

### Data entry and coding

A great deal of consideration was given to the area of data coding to ensure that comparison with other databases was possible and that the final analyses would be useful to readers. For example, cases were coded for area of residence of the deceased.

To enable comparison with various national and international datasets all causes of death have been coded according to the International Classification of Diseases (ICD-10). This is an international standard for the classification of diseases and health-related problems published by the World Health Organisation (1992). The online version (ICD-10 2007) has been employed for coding all substances implicated in death separately according to its therapeutic drug category, i.e. hypnotics/sedatives, anti-depressants, opiates, etc.

The 'intentionality' of deaths based on the coroner's verdict and/or other additional information employing ICD-10 codes is inadequate for informing interested parties as to whether certain categories of drug-related deaths can be prevented.

Whilst the 'cause' of death (as given in the preceding section) is concerned with the disease or injury responsible for the lethal sequence of events, the 'manner' of death explains how the cause of death arose, i.e. a natural or violent death. The categories for 'manner of death' have been adopted from the UK practice (Explore Forensics) with the additional categories for those where intentionality is unclear or manner of death is impossible to determine: natural, accidental, suicidal, homicidal, undetermined, and unclassified/not specified. Verdicts of 'dependence on drugs' or 'non-dependent abuse of drugs' are regarded as 'accidental'. The 'manner of death' is derived from information such as the verdict or 'finding', history of drug misuse or dependence, post mortem drugs, and other information; and is based on the interpretation of the death by *np*-SAD and clinical presentation/profile of the individual case.

### **Statistical analysis**

Due to the nature of the information collected by the programme, i.e. drug-related deaths as reported by the coroners, this is an observational study. Hence, statistical methods employed are based on proportions and ratios. Where the data include proportions of incidence for particular groups of interest, the ratio of the proportions forms a measure of the relative risk in one group compared with that of another. These scales of measurement are generally known as point estimates. Although point estimates can be calculated they do not represent the 'true' values. Each point estimate is subject to random variation. Confidence intervals (CI) provide an indication of the range in the true values for the population as a whole, which would be expected in future investigations. The methods used for quantitative data relied mainly on complex assumptions of distributional form. It may be the case that the assumptions are not always satisfied. In such cases, methods known as distribution-free methods can be applied, also known as non-parametric tests (e.g. Mann-Whitney). The use of decimal places varies in some contexts so as to provide greater granularity to bring out distinctions between apparently similar

populations or groups. The data were analysed using IBM ® SPSS™ Statistics or Windows version 19.

### **Data storage**

The anonymised data-set for coroners is held on a SPSS database for analysis. All data held, whether electronic or paper, is stored securely and treated as confidential. Access is restricted to Programme staff; only aggregated and anonymised data are released to third parties.

### **Other activities and resources**

The Programme provides information to public consultations, Parliamentary questions, Ministerial briefings, as well as contributing to the UK's Drugs Early Warning System. As part of the early warning function, emerging trends and potential issues are brought to the attention of policy-makers and coroners in a special briefing.

The *np*-SAD team also conduct in-depth psychological autopsies on individual cases and carry out confidential inquiry exercises on request. The team also provides analysis of data for specific Drug and Alcohol Action Teams (DAATs), Primary Care Trusts (PCTs) and (Special Health Authorities) SHAs on request.

Findings from the Programme's annual report and research articles published in peer-reviewed journals articles also feed into both the national and international research base. For example, the key findings from the *np*-SAD are included in the annual report from the UK Focal Point to the EMCDDA, and in various annual United Nations publications

In addition to the above activities, the Programme

- Is the official custodian of the national UK Addicts Index Access database and paper files covering the period 1968-1997
- Holds a copy of the official Dead Addicts datafile
- Is located in an academic centre with input from relevant disciplines
- Brings to a broad range of expertise from different professional backgrounds – psychiatry, psychology, social science, pharmacology, epidemiology, addictive behavioural science, database, project management, etc.

- Has national and international experience, collaborating in research and training with bodies such as the World Health Organisation, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and the European Collaborating Centres for Addiction Studies.

### **National Steering Group**

The *np*-SAD has a National Steering Group to provide additional expertise to the Programme through involvement and participation. Its principal role is in giving advice on the full range of its activities, including the national surveillance of coroners and production of the annual report.

## Appendix 2: Definitions of drug-related death

### Introduction

There are a number of issues and problems associated with defining drug-related deaths

and drug-related mortality. For a full discussion see Corkery (2008).

### np-SAD definition

An np-SAD case is defined as a relevant death where any of the following criteria are met at a completed inquest, fatal accident inquiry or similar investigation:

- One or more psychoactive substances\* directly\*\* implicated in death;
- History of dependence or abuse of psychoactive drugs;
- Presence of Controlled Drugs\*\*\* at post mortem; or
- Cases of deaths directly due to drugs but with no inquest.

Deaths where solvents and other volatile substances are implicated alone are also included. However, we do collect information on these cases separately; further information can be seen at <http://www.vsareport.org>. Alcohol is included only when implicated in combination with other qualifying drugs.

\* 'Psychoactive' substances are those having a direct effect on perception, mood, cognition, behaviour or motor function. Typically these include opiates and opioid analgesics, hypnotics, sedatives, anti-depressants, anti-epileptics, anti-psychotics, hallucinogens, and stimulants (such as amphetamines and cocaine) and "legal highs".

\*\* 'Directly implicated' means that drugs were considered by the coroner or other person investigating the death to have been

instrumental in the coming about of the deceased's death (e.g. through poisoning or intoxication), or causing their powers of reasoning and/or perception to be so affected as to induce them to take risks which they would not have done had they been sober (e.g. thinking they could fly).

\*\*\* 'Controlled Drugs' are those drugs specifically classified by the Misuse of Drugs Act 1971 as amended by subsequent legislation. Controlled drugs include opioids, cocaine, amphetamines, cannabis, GHB, hallucinogens and most benzodiazepines.

#### Who is a drug abuser/dependent?

A drug abuser/dependent case is defined as one with a history of substance abuse where one or more of the following criteria are met:

- Reported as a known illicit drug user by the coroner, based on evidence obtained at inquest;
- Prescribed substitute medication for drug dependence;
- Presence of an illicit drug at post mortem, where not prescribed; or
- Presence of any additional information on the coroner's report suggestive of a history of drug abuse, and where such a history fulfils ICD-10 criteria: (F11-F16 and F19, using the 4-code subdivisions of .0 (acute intoxication), .1 (harmful use), and .2 (dependence syndrome).

### "Drug misuse" definition

Cause of death categories included in the headline indicator of 'drug misuse' deaths used to monitor progress against the Government's drug strategy are defined in terms of ICD-10 codes and Controlled Drug Status. The relevant codes from ICD-10 are given in brackets.

The definition comprises two types of deaths:

- a) deaths where the underlying cause of death has been coded to the following categories of mental and behavioural disorders due to psychoactive substance use (excluding alcohol, tobacco and volatile solvents):
- (i) opioids (F11);



- (ii) cannabinoids (F12);
- (iii) sedatives or hypnotics (F13);
- (iv) cocaine (F14);
- (v) other stimulants, including caffeine (F15);
- (vi) hallucinogens (F16); and
- (vii) multiple drug use and use of other psychoactive substances (F19)

b) deaths coded to the following categories **and** where a drug controlled under the Misuse of Drugs Act 1971 was mentioned on the death record:

- (i) Accidental poisoning by drugs, medicaments and biological substances (X40–X44);
- (ii) Intentional self-poisoning by drugs, medicaments and biological substances (X60–X64);
- (iii) Poisoning by drugs, medicaments and biological substances, undetermined intent (Y10–14);
- (iv) Assault by drugs, medicaments and biological substances (X85); and
- (v) Mental and behavioural disorders due to use of volatile solvents (F18)

#### Notes:

1. Deaths coded to opiate abuse which resulted from the injection of contaminated heroin have been *included* in the indicator. This differs from the approach taken in Scotland, where these deaths have been *excluded*. This is because the General Register Office for Scotland (GROS) is able to

identify deaths which occurred as a result of the use of contaminated heroin, whereas in England and Wales, these deaths cannot be readily identified. In practice, in England and Wales, they will only be included where the drug was mentioned on the death record and the death was coded to one of the ICD codes on the ONS database of drug-related poisonings and not to an infection code.

2. Specific rules were adopted for dealing with compound analgesics which contain relatively small quantities of drugs listed under the Misuse of Drugs Act, the major ones being dextropropoxyphene, dihydrocodeine and codeine. Where these drugs are mentioned on a death record, they have been excluded if they are part of a compound analgesic (such as *co-proxamol*, *co-dydramol* or *co-codamol*) or cold remedy. Dextropropoxyphene has been excluded on all occasions, whether or not paracetamol or a compound analgesic was mentioned. This is because dextropropoxyphene is rarely, if ever, available other than as part of a paracetamol compound. However, codeine or dihydrocodeine mentioned **alone** were included in the indicator. This is because they are routinely available and known to be abused in this form. This approach is taken by both the Office for National Statistics and the General Register Office for Scotland.

3. Drugs controlled under the Misuse of Drugs Act 1971 include class A, B and C drugs.

## Definition used by SCDEA

Deaths reported to the SCDEA by Scottish police forces are those which meet the definition used by the Association of Chief Police Officers (Scotland) – “where there is prima facie evidence of a fatal overdose of controlled drugs. Such evidence would be recent drug misuse, for example controlled

drugs and/or a hypodermic syringe found in close proximity to the body and/or the person is known to the police as a drug misuser although not necessarily a notified addict.” Thus, most suicides in Scotland will be excluded.

### Appendix 3: Coroner's jurisdictions/ police force areas reporting drug-related deaths, United Kingdom & Islands

Administrative county/area	Jurisdiction	Description
	(The) Queen's Household	"The Coroner of the Queen's Household has exclusive jurisdiction in respect of inquests and, semble, inquiries which do not lead to inquests, on persons whose bodies are lying within the limits of any of the Queen's palaces or within the limits of any other house where Her Majesty is then demurrant and abiding in her own royal person, notwithstanding the subsequent removal of Her Majesty from such palace or house. The limits of the palace or house are deemed to extend to any courts, gardens or other places within the curtilage of the palace or house but not further. Where a body is lying dead beyond these limits, the coroner of the Queen's Household has no jurisdiction."
<b>ENGLAND</b>		
Avon	Avon	The city of Bristol and the districts of Bath & North East Somerset, North West Somerset & South Gloucestershire
Bedfordshire	Bedfordshire & Luton	The whole county of Bedfordshire and the county of Luton
Berkshire	Berkshire	The whole county of Berkshire
Buckinghamshire	Buckinghamshire	The whole county of Buckinghamshire (excl. Milton Keynes)
	Milton Keynes	The whole county of Milton Keynes
Cambridgeshire	North & East Cambridgeshire	The districts of Fenland & East Cambridgeshire
	Peterborough	The district of Peterborough
	South & West Cambridgeshire	The City of Cambridge, the districts of Huntingdon and South Cambridgeshire
Cheshire	Cheshire	The whole county of Cheshire
Cornwall	Cornwall	The whole county of Cornwall (exc. Isles of Scilly)
	Isles of Scilly	The Isles of Scilly
Cumbria	North and West Cumbria	The districts of Allerdale, Carlisle and Copeland.
	South and East Cumbria	The districts of Barrow-in-Furness, Eden, and South Lakeland.
Derbyshire	Derby & South Derbyshire	The county of Derby and the districts of Erewash & South Derbyshire. The district of Amber Valley (except the parts in the Coroner's Jurisdictions of North Derbyshire). In the district of West Derbyshire, the parishes of Alkmonton, Ashbourne, Atlow, Biggin, Boylestone, Bradbourne, Bradley, Brailsford, Clifton & Compton, Cubley, Doveridge, Edlaston & Wyaston, Fenny Bentley, Hognaston, Hollington, Hulland, Hulland Ward, Hungry Bentley, Kirk Ireton, Kniveton, Lea Hall, Longford, Mapleton, Marston Montgomery, Mercaston, Norbury & Roston, Offcote & Underwood, Osmaston, Rodsley, Shirley, Snelston, Somersal Herbert, Sudbury, Thorpe, Tissington, Yeaveley and Yeldersley
	North Derbyshire	The District of Bolsover and North East Derbyshire. The Boroughs of Chesterfield and High Peak. In the Borough of Amber Valley the parishes of Denthick, Lea and Holloway, South Wingfield and Alfreton. The District of Derbyshire Dales except the parishes in the Derby and South Derbyshire Coroner's District.

Administrative county/area	Jurisdiction	Description
Devon	Exeter & Greater Devon	The districts of East Devon, Exeter, Mid Devon, North Devon, Torridge, West Devon. That part of the district of Teignbridge comprising the parishes of Alphington, Ashton, Bovey Tracey, Bridford, Christow, Chudleigh, Doddiscombsleigh, Dunchideock, Dunsford, Exminster, Hennock, Holcombe Burnell, Ide, Kenn, Lustleigh, Manaton, Moretonhampstead, North Bovey, Shillingford St George, Tedburn St Mary, Trusham & Whitestone.
	Plymouth & South West Devon	The district of Plymouth. The district of South Hams except the parishes in the Torbay and South Devon coroner's district.
	Torbay & South Devon	The district of Torbay. The district of Teignbridge except the parishes in the Coroner's Jurisdiction of Exeter and Greater Devon. That part of the district of South Hams comprising the parishes of Ashprington, Berry Pomeroy, Blackawton, Cornworthy, Dartington, Dartmouth, Dean Prior, Dittisham, Halwell, Harberton, Holne, Kingswear, Littlehampton, Marldon, Rattery, Slapton, Staverton, Stoke Fleming, Stoke Gabriel, Strete, Totnes and West Buckfastleigh
Dorset	Bournemouth, Poole & Eastern Dorset	The counties of Bournemouth & Poole, Christchurch, Purbeck and Wimbourne
	Western Dorset	The districts of West Dorset, North Dorset and Weymouth & Portland
Durham	Darlington & South Durham	The county of Darlington and the districts of Sedgefield and Teesdale {Wear Valley also included]
	North Durham	The districts of Chester-Le-Street, Derwentside, Durham and Easington
East Sussex	Brighton & Hove	The county of Brighton & Hove
	East Sussex	The whole county of East Sussex
Essex	Essex & Thurrock (Essex No 1)	The districts of Basildon, Braintree, Brentwood, Chelmsford, Colchester, Epping Forest, Harlow, Maldon, Tendring, Thurrock and Uttlesford
	Southend & South East Essex (Essex No 2)	The districts of Southend, Rochford and Castle Point
Gloucestershire	Gloucestershire	The county of Gloucestershire
Greater Manchester	Manchester	The district of Manchester
	North Manchester	The districts of Bury, Rochdale & Oldham
	South Manchester	The districts of Stockport, Tameside and Trafford
	West Manchester	The districts of Wigan, Bolton and Salford
Hampshire	Central Hampshire	The districts of Winchester, Test Valley and Eastleigh
	North East Hampshire	The districts of Basingstoke, Hart & Rushmoor and that part of the district of East Hampshire not contained in the Portsmouth & South East Hampshire coroner's district
	Portsmouth & South East Hants	The county of Portsmouth and the districts of Fareham, Gosport and Havant and, in the district of East Hampshire, the parishes of Buriton, Clanfield, Colemore and Priors Dean, East Meon, Froxfield, Hawkley, Horndean, Langrish, Liss, Petersfield, Rowlands Castle and Steep
	Southampton & New Forest	The county of Southampton and the district of New Forest
Herefordshire	Herefordshire	The whole county of Herefordshire
Hertfordshire	Hertfordshire	The whole county of Hertfordshire

Administrative county/area	Jurisdiction	Description
Humberside	East Riding & Hull	The counties of the East Riding of Yorkshire and the city of Kingston-upon-Hull
Isle of Wight	Isle of Wight	The whole county of the Isle of Wight
Kent	Central & South East Kent	The district of Shepway. The borough of Ashford. The district of Dover except those parishes with the North East Kent coroner's district. In the district of Swale, the parishes of Boughton under Bleab, Doddington, Dunkirk, Eastling, Faversham, Graveney & Goodnestone, Hernhill, Luddenham, Lynsted, Newnham, Norton & Buckland, Oare, Ospringe, Selling, Sheldwich Badlesmere & Leaveland, Stalisfield, Stone, Teynham, Throwley
	Mid Kent & Medway	The City of Rochester upon Medway, the districts of Gillingham and Maidstone. The district of Swale, with the exception of Faversham and the parishes in the Coroner's Jurisdiction of East Kent. In the district of Tonbridge and Malling, the parishes of Addington, Aylesford, Birling, Burham, Ditton, East Malling & Larkfield, King's Hill, Leybourne, Mereworth, Offham, Ryarsh, Snodland, Trottiscliffe, Watlington & East Peckham, Wouldham.
	North East Kent	The district of Thanet. The City of Canterbury. In the district of Dover, the parishes of Ash, Aylesham, Deal, Eastry, Eythorpe, Goodnestone, Great Mongeham, Nonington, Northbourne, Preston, Ringwould & Kingsdown, Ripple, Sandwich, Sholden, Staple, Stourmouth, Sutton by Dover, Tilmanstone, Walmer, Wingham, Woodnesborough, Worth.
	North West Kent	The districts of Dartford, Gravesham, Sevenoaks and Tunbridge Wells. The district of Tonbridge and Malling, except the parishes in the Mid-Kent and Medway Coroner's district.
Lancashire	Blackburn, Hyndburn & Ribble Valley	The districts of Blackburn, Hyndburn & Ribble Valley
	Blackpool & the Fylde	The districts of Blackpool and Fylde
	East Lancashire	The districts of Burnley, Pendle and Rossendale
	Preston & West Lancashire	The districts of Lancaster, Wyre, Chorley, Preston, South Ribble and West Lancashire
Leicestershire	Leicester City & South Leicestershire	The county of Leicester and the districts of Blaby, Harborough, Oadby, Wigston
	Rutland & North Leicestershire	The county of Rutland and the districts of Charnwood, Hinckley & Bosworth, Melton and North West Leicestershire
Lincolnshire	Boston & Spalding	The districts of Boston and South Holland
	North Lincolnshire & Grimsby	The counties of North Lincolnshire and North East Lincolnshire
	Spilsby & Louth	The district of East Lindsey, except the parishes in the West Lincolnshire coroners' district. In the district of West Lindsey, the parishes of Bigby, Brocklesbury, Cabourne, Caistor, Claxby, Grasby, Great Limber, Holton Le Moor, Keelby, Kirmond le Mire, Legsby Linwood, Market Rasen, Middle Rasen, Nettleton, Normanby le Wold, North Kelsey, North Willingham, Osgodby, Owersby, Riby, Rothwell, Searby cum Owmbly, Sixhills, Somerby, South Kelsey, Stainton le Vale, Swallow, Swinhope, Tealby, Thoresway, Thorganby and Walesby.

Administrative county/area	Jurisdiction	Description
	Stamford	In the district of South Kesteven, the parishes of Aslackby & Laughton, Barholm & Stowe, Baston, Billingborough, Bourne, Braceborough & Wilsthorpe, Careby Aunby & Holywell, Carlby, Castle Bytham, Corby Glen, Couthorpe & Creeton, Deeping St James, Dowsby, Dunsby, Edenham, Folkingham, Greatford, Haconby, Horbling, Imham, Kirkby Underwood, Langtoft, Little Bytham, Market Deeping, Morton, Pointon & Sempringham, Rippingale, Stamford, Swayfield, Swinstead, Tallington, Thurlby, Toft with Lound & Manthorpe, Uffington, West Deeping and Witham on the Hill
	West Lincolnshire	The district of Lincoln. The district of North Kesteven. The district of South Kesteven, except the parishes in the Coroner's Jurisdiction of Stamford. The district of West Lindsey, except the parishes in the Coroner's jurisdiction of Spilsby & Louth. In the district of East Lindsey, the parishes of East & West Barkwith, Hatton, Langton by Wragby, Panton, West Torrington, Wragby.
London	City of London	City of London
	Eastern London	The London boroughs of Barking, Havering, Newham, Redbridge & Waltham Forest
	Inner North London	The London boroughs of Camden, Hackney, Islington & Tower Hamlets
	Inner South London	The London boroughs of Greenwich, Lambeth, Lewisham & Southwark
	Inner West London	The London boroughs of Wandsworth & Merton, the Royal Borough of Kensington & Chelsea, and the City of Westminster
	Northern London	The London boroughs of Barnet, Brent, Enfield, Haringey & Harrow
	Southern London	The London boroughs of Bexley, Bromley, Croydon and Sutton
	Western London	The London boroughs of Ealing, Hammersmith, Hillingdon, Hounslow and Richmond-upon-Thames, and the Royal Borough of Kingston-upon-Thames
Merseyside	Knowsley, St Helens & Sefton	The districts of Knowsley, St Helens and Sefton
	Liverpool	The district of Liverpool
	Wirral	The district of Wirral
Norfolk	Norfolk	The whole county of Norfolk
Northamptonshire	Northamptonshire	The whole county of Northamptonshire
Northumberland	North Northumberland	The districts of Alnwick and Berwick-upon-Tweed and so much of the districts of Castle Morpeth and Wansbeck as lies north of the line for the time being of the centre of the River Wansbeck
	South Northumberland	The districts of Blyth Valley & Tynedale, and so much of the districts of Castle Morpeth & Wansbeck as lie south of the line for the time being of the centre of the River Wansbeck
North Yorkshire	North Yorkshire Eastern	The districts of Hambleton, Ryedale and Scarborough
	North Yorkshire Western	The districts of Richmondshire, Craven, Harrogate and Selby

Administrative county/area	Jurisdiction	Description
	York	The county of York. In the district of Harrogate, the parishes of Nether and Upper Poppleton. In the district of Ryedale, the parishes of Clifton (without), Earswick, Haxby, Heworth (without), Holtby, Huntington, Murton, New Earswick, Osbaldwick, Rawcliffe, Skelton, Stockton-on-the-Forest, Strensall, Towthorpe, Wigginton. In the district of Selby, the parishes of Dunnington, Elvington, Fulford, Heslington, Kexby, Naburn & Deighton, Wheldrake.
Nottinghamshire	Nottinghamshire	The whole county of Nottinghamshire and the City of Nottingham
Oxfordshire	Oxfordshire	The whole of the county of Oxfordshire
Shropshire	Mid & North Shropshire	The districts of Oswestry, North Shropshire, Shrewsbury & Atcham
	South Shropshire	The districts of South Shropshire and Bridgnorth
	The Wrekin	The whole county of the Wrekin
Somerset	Eastern Somerset	The districts of Mendip and South Somerset
	Western Somerset	The districts of Sedgemoor, Taunton Deane and West Somerset
South Yorkshire	South Yorkshire East	The district of Doncaster and Rotherham
	South Yorkshire West	The districts of Barnsley and Sheffield
Staffordshire	South Staffordshire	The districts of Cannock Chase, East Staffordshire, Lichfield, South Staffordshire, Stafford and Tamworth.
	Stoke-on-Trent & North Staffordshire	The county of Stoke-on-Trent, and the districts of Newcastle-under-Lyme and Staffordshire Moorlands.
Suffolk	Suffolk	The county of Suffolk.
Surrey	Surrey	The whole county of Surrey
Teesside	Hartlepool	The county of Hartlepool
	Teesside	The counties of Middlesbrough, Redcar & Cleveland and Stockton-on-Tees.
Tyne & Wear	Gateshead & South Tyneside	The districts of Gateshead and South Tyneside
	Newcastle-upon-Tyne	The City of Newcastle-upon-Tyne
	North Tyneside	The district of North Tyneside
	Sunderland	The district of Sunderland
Warwickshire	Warwickshire	The whole county of Warwickshire
West Midlands	Birmingham	The districts of Birmingham & Solihull
	Black Country	The districts of Dudley, Sandwell, and Walsall
	Coventry	The district of Coventry
	Wolverhampton	The district of Wolverhampton
West Sussex	West Sussex	The whole county of West Sussex
West Yorkshire	West Yorkshire Eastern	The metropolitan district of Leeds and Wakefield
	West Yorkshire Western	The metropolitan districts of Bradford, Calderdale and Kirklees
Wiltshire	Wiltshire & Swindon	The counties of Wiltshire and Swindon
Worcestershire	Worcestershire	The whole county of Worcestershire
<b>WALES</b>		
	Bridgend & Glamorgan Valleys	The county boroughs of Bridgend, Merthyr Tydfil & Rhondda, Cynon & Taff
	Cardiff & the Vale of Glamorgan	The county of Cardiff and the county borough of the Vale of Glamorgan
	Carmarthenshire	The districts of Carmarthen, Llanelli and Dinefwr
	Central North Wales	The county of Denbighshire, the county borough of Aberconwy & Colwyn.
	Ceredigion	The district of Ceredigion
	Gwent	The county of Monmouthshire, the county borough of Blaenau Gwent, Caerphilly, Newport and Torfaen

Administrative county/area	Jurisdiction	Description
	Neath & Port Talbot	The districts of Neath & Port Talbot. In the borough of Lliw Valley, the communities of Cilybebyll, Clydach, Cwmllynfell, Gwam-Cae-Gurwen, Mawr, Pontardawe & Ystalyfera
	North East Wales	The boroughs of Flintshire and Wrexham. In the district of Glyndwr, the communities of Ceiriog Ucha, Chirk, Glyntraian, Llangedwyn, Llangollen, Llangollen Rural, Llanrhaeadr-ym-Mochnant, Llansantffraid Glyn Ceiriog, Llansilin & Llantysilio.
	North West Wales	The counties of Anglesey, Caernarfonshire, Merionethshire
	Pembrokeshire	The district of Preseli and South Pembrokeshire (including Caldey Island and St Margaret's Island)
	Powys	The whole county of Powys
	Swansea	The district of Swansea. In the borough of Lliw Valley, the communities of Gorseinon, Gowerton, Grovesend, Llangyfelach, Llchwyr, Penllergaer, Pontarsulais, Pont-Lliw.
<b>NORTHERN IRELAND</b>		
NORTHERN IRELAND		Whole of Northern Ireland
<b>THE ISLANDS</b>		
	Guernsey	Alderney, Brecqhou, Guernsey, Herm, Jethou, Lihou, Little Sark, Sark
	Jersey	Jersey
	Isle of Man	Isle of Man
<b>SCOTLAND</b>		
Argyll & Clyde	Dumbarton	Fiscal area (but figures included in Strathclyde Police figures)
Central Scotland Police		Clackmannanshire, Falkirk, and Stirling Council areas
Dumfries & Galloway Constabulary		Dumfries & Galloway Council area
Fife Constabulary		Fife Council area
Grampian Police		City of Aberdeen, Aberdeenshire, and Moray Council areas
Lothian & Borders Police		East Lothian, City of Edinburgh, Midlothian, West Lothian, and the Borders Council areas
Northern Constabulary		Highland, Orkney Islands, Shetlands Islands, and Western Isles Council areas, and parts of Argyllshire (Ardnamuchan and Glencoe) and Morayshire (Grantown-on-Spey and Cromdale)
Strathclyde Police		Argyll and Bute, East Dumbartonshire, Dumbarton and Clydebank, South Lanarkshire, North Lanarkshire, East Ayrshire, North Ayrshire, East Renfrewshire, City of Glasgow, Inverclyde, South Ayrshire, and Renfrewshire Council areas
Tayside Police		Angus, City of Dundee, and Perthshire and Kinross Council areas

Since the start of 2004, the following amalgamations of coroners' jurisdictions in England have occurred: East Berkshire, Reading and West Berkshire to form one for the whole county of Berkshire (1 April 2004); East and West Cornwall to form one for the whole county of Cornwall, but excluding the Isles of Scilly (1 February 2004); in Cumbria, Furness and Southern Cumbria to form South Cumbria & Furness (1 April 2004); Hertford and West & North Hertfordshire to form one for the whole county of Hertfordshire (1 October 2004); in Lincolnshire, Louth and Spilsby to form Spilsby & Louth (1 December 2003); in the West Midlands, Dudley, Sandwell, and Walsall to form Black Country (1 August 2004); in Derbyshire, High Peak and Scarsdale to form North Derbyshire (1 February 2006); in Gloucestershire, Gloucester and Cheltenham to form Gloucestershire (1 April 2006); in Suffolk, Greater Suffolk and Lowestoft to form Suffolk (1 August 2006). Further amalgamations have taken place in 2007, these changes will be reflected in future reports. Great Yarmouth merged with Greater Norfolk to form Norfolk on 1 April 2010.

The retirement of several coroners has resulted in some coroners taking on responsibility for additional jurisdictions. The Isles of Scilly (regarded as part of Cornwall) are currently being looked after by the coroner for Plymouth & South West Devon. Data for Herefordshire are also submitted now together with those for Worcestershire. The two jurisdictions in Durham are now being looked after by the same coroner, but have not been formally amalgamated. The coroner for Suffolk is also coroner for Southend & South East Essex.

In Northern Ireland there has been a single coroner's area covering the whole of the Province since 1 April 2006. It is centred on the Greater Belfast office and served by three full-time coroners, overseen by a High Court judge.



## Appendix 4: np-SAD data collection form

The National Programme on Substance Abuse Deaths (np-SAD)

### NOTIFICATION OF DRUG-RELATED DEATHS

#### Section I Demographic information

Deceased forename(s): \_\_\_\_\_ Gender: ☐ Male ☐ Female

Family name: \_\_\_\_\_ Other names known by: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_

Usual address: \_\_\_\_\_

Postcode: \_\_\_\_\_

#### Ethnicity (tick one only)

- ☐ White ☐ Pakistani ☐ Black African ☐ Other, specify \_\_\_\_\_  
☐ Chinese ☐ Bangladeshi ☐ Black Caribbean ☐ Not known  
☐ Indian ☐ Black other, specify \_\_\_\_\_

#### Occupational status (tick one only)

- ☐ Employed (manual) ☐ Unemployed ☐ Retired  
☐ Employed (non-manual) ☐ Childcare/houseperson ☐ Student/pupil  
☐ Self employed ☐ Invalidity/sickness ☐ Other, specify \_\_\_\_\_  
☐ Not known

#### Living arrangements (tick one only)

- ☐ Alone ☐ Self and children ☐ No fixed abode  
☐ With partner ☐ With parent(s) ☐ Other, specify \_\_\_\_\_  
☐ With partner & children ☐ With friend(s) ☐ Not known

#### Section II Details of death

Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Place of death: (tick one only)

- ☐ Home ☐ Residential premises (.e. hotel) ☐ In custody  
☐ Place of work ☐ Street or highway ☐ Place of recreation/sport  
☐ Treatment centre ☐ Educational establishment ☐ Hospital  
☐ Other place, specify \_\_\_\_\_

#### Cause(s) of death (as given on the death certificate)

- 1(a) \_\_\_\_\_  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_  
 2 \_\_\_\_\_

## The National Programme on Substance Abuse Deaths (np-SAD)

### Toxicology

Please list drugs and alcohol present at post mortem (in order of importance, if known)

	Drug/alcohol	Level				Drug/alcohol	Level		
		B	T	U			B	T	U
1					4				
2					5				
3					6				

B = Blood; T = Tissues; U = Urine

### Section III Coroner's verdict

### Section IV Background information

**Recent history of drug use and other relevant information:** e.g. evidence of injecting drug use; evidence of 'crack' use; recently released from prison or discharged from treatment programme; psychiatric history; known to alcohol/drug services; length of use; poly-substance user; known health problems associated with substance misuse; last 24 hours of life (if known), time police summoned, any drugs paraphernalia, etc.:

**Was the deceased on prescribed psychoactive medication?** ☐ Yes ☐ No ☐ Not known

If yes, please list drugs:

1 _____	2 _____
3 _____	4 _____
5 _____	6 _____

**Was the deceased a drug addict or known drug abuser?** ☐ Yes ☐ No ☐ Not known

### Section V Coroner's details

Coroner's name: \_\_\_\_\_ Date inquest completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Jurisdiction: \_\_\_\_\_ Office: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please send completed form to:

**National Programme on Substance Abuse Deaths (np-SAD)**  
**International Centre for Drug Policy**  
**St George's, University of London**  
**FREEPOST LON 10141,**  
**London SW17 0BR**

For general enquiries: Tel 020 8725 2623 or Fax 020 8725 3538

**This form is available electronically**



Copies available from

National Programme on Substance Abuse Deaths (*np*-SAD)  
International Centre for Drug Policy (ICDP)  
St George's, University of London  
Cranmer Terrace  
London  
SW17 0RE

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Issued in October 2012